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THE  
AMERICAN  
JOURNAL OF INSANITY,

EDITED BY

THE OFFICERS OF THE NEW YORK STATE  
LUNATIC ASYLUM, UTICA.

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VOLUME IV.

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The care of the human mind is the most noble branch  
of Medicine.—GROTIUS.

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UTICA.

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# AMERICAN JOURNAL OF INSANITY,

For July, 1847.

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## ARTICLE I.

### THE MORAL TREATMENT OF INSANITY.

The removal of the insane from home and former associations, with respectful and kind treatment under all circumstances, and in most cases manual labor, attendance on religious worship on Sunday, the establishment of regular habits and of self-control, diversion of the mind from morbid trains of thought, are now generally considered as essential in the Moral Treatment of the Insane.

We shall therefore, in this essay, confine ourselves mostly —1st, to a brief historical review of this subject, in order to do at least partial justice to our predecessors, and 2d, notice such new suggestions and new methods of treatment as have come to our knowledge.

Previous to the time of Pinel, the moral treatment of the Insane was fluctuating and unestablished. In some periods and in some countries, a portion of the insane at least, were treated with great kindness, while at the same time, others were neglected and abused. From the most remote periods, insanity was regarded for the most part as a *sacred disease*, as coming direct from heaven, and as a consequence of the possession of a spirit or demon. This was the belief of the Chaldeans and the Jews. Saul was troubled by an evil

spirit, and Job by a demon. Hence recourse was had to various moral means of cure. Thus Saul was cured by the music of David. "And it came to pass when the evil spirit from God was upon Saul, that David took a harp and played with his hand; so Saul was refreshed and was well, and the evil spirit departed from him." 1 Sam. xvi. 16.

Similar methods of treatment prevailed in ancient Egypt and Greece; the priests of the former country amused insane persons, and diverted their minds by music, and by pleasant walks in groves and gardens, filled with perfumes and flowers; and Melampus cured the daughters of Pretus, king of Argos, not with Hellebore as some have stated, but by bodily exercise, and by mysterious ceremonies that acted powerfully on the imagination.

But all the insane were not treated in the same manner; while those who were gay, sociable and courageous, were treated with respect and kindness, and even idolized and worshipped as Oracles, many that were timid and melancholy, were considered objects of Heaven's wrath, and driven forth as outcasts, and subjected to the greatest abuse.

The treatment of the insane, has ever varied with the philosophy and intelligence of the age. That they are treated better in modern times, more kindly and judiciously, is not owing to any increase of benevolence, but to an increase of knowledge. Benevolence has ever existed in the heart of man, and compassion for suffering, been manifested from the most remote period. But without knowledge, benevolence may prove to be as injurious as tyranny itself. Hence we find in the ignorant ages, the insane not merely neglected, but abused and persecuted, and in many cases put to death in the most inhuman manner, and not for want of pity and compassion in the human heart, but from ignorance of the nature of insanity. Those thus treated were not considered as diseased, insane or as deserving of pity, but as wicked beings, in league with evil spirits, and meriting punishment.

From the earliest period, some individuals had correct



notions on insanity—Celsus who lived at the time of Christ, gave many excellent precepts relating to the moral treatment of the insane, and Caelius Aurelianus, who lived three centuries later, insisted in strong terms on the necessity of acquiring the confidence and esteem of the insane by frankness of manner and by kind treatment.

But the difficulty has ever been to determine who are insane.

Not to go back to times too remote for abundant and correct historical details, we know that from the fourteenth to the eighteenth century, very many thousands of insane persons were put to death, and most of them by order of Courts of Justice. Some were condemned to death or to imprisonment for life as heretics, some were hung for practising witchcraft, and vast numbers were burned as sorcerers, or for being in league with the devil.

These cruelties have for the most part passed away, yet still down even to the present time, there are we believe in most countries, some deranged persons confined with criminals in prisons, and not unfrequently some are put to death for acts committed by them when deprived of their reason.

The burning of Joan of Arc, and the thousands of supposed sorcerers, and which we now look upon with horror, was caused by the ignorance of the times. In fact, ignorance has ever been the worst of all *diseases*, and as relates to insanity much yet remains, and *we* should regard it among our highest duties to endeavor to dispel it, and to diffuse such a knowledge of insanity among all classes, as will prevent the recurrence of the enormities we have mentioned.

Owing to the spread of science, the insane towards the beginning of the last century, ceased to be regarded as witches or sorcerers. Still they continued to be abused and neglected. The most furious were confined in cells and dungeons, and when obstinate or mischievous, were cruelly whipped, and in all respects treated like wild beasts. For many years no other method of treatment was supposed



practicable or useful. No one seems to have thought of attempting to cure them.

Undoubtedly there were exceptions, but this was generally the treatment of the insane previous to the time of Pinel, whom we must regard as the founder of the humane, rational, and now generally adopted system of moral treatment.

He had, to be sure, an active assistant, and to some degree a precursor in Pussin; still to Pinel seems fairly due the very great merit which we have mentioned.

He is most generally and popularly known in connection with the insane, by his bold act of unchaining above fifty maniacs at one time at the Bicetre Hospital, in 1792. But he had six years previous to this, reduced to practice his mild system of treatment elsewhere.

This system was not the result of an accident or an experiment, but was adopted by Pinel after much reading, observation and reflection. He thoroughly qualified himself for this great work by vast learning,—a knowledge of the languages of other countries, and a thorough acquaintance with all that had been written on the subject of insanity.

Thus prepared, he early matured his system, then tried it in practice on a great scale for several years, and finally published it to the world. His first work on insanity, *Traite Medico-Philosophique*, was published in 1801, and we do not hesitate to say, that we know not of any work on insanity superior to this, especially as improved by Pinel in the last edition;—none more worthy of our daily study. On perusing it, we almost lament to find that very little indeed has been added that may be called improvement in the moral treatment of the insane since his time. This work was early translated, and thus the views of Pinel respecting insanity and the proper treatment of the insane, were soon made known throughout the civilized world.

Not many years after this, the Retreat, near York in England, was established. It was suggested by Mr. William

Tuke, who is generally considered its founder, and was mainly established for insane persons belonging to the Society of Friends, and for the purpose of separating them from the profane and profligate, and placing them under the care of the members of the society, and where they would be kindly treated. Great good resulted from the establishment of this Retreat, although it must be confessed, the original founders did not seem to have had very clear ideas respecting the nature of insanity, or of its proper treatment. Benevolent feelings led them to wish the insane to be kindly treated, and they endeavored to carry their wishes into practice. At first there was no regular medical superintendent, though fortunately in George Jepson, whose name should be ever dear to the insane, and who acted as superintendent, they found a man of an original and vigorous mind, and who having some knowledge of medicine, and having visited other establishments for the insane, was well calculated to introduce and carry out useful reforms. To him we consider the Retreat largely indebted for the success that attended its early administration.

This institution was opened in 1796, four years after Pinel had unchained the Maniacs of the Bicetre. For several years but few patients were admitted, but the success attending their kind treatment, and the notoriety given to the institution, by various publications, made a good impression, and together with the circulation of Pinel's Treatise, translated by Dr. Davis, and published in 1806, had the effect to introduce a milder and better system of moral treatment into many of the institutions for the insane in England. But while we cheerfully admit that great credit is due to the founders of the York Retreat for their humane exertions in behalf of the insane, and freely acknowledge that vast good resulted to other institutions for their exertions, and particularly from the publication and general circulation of Mr. Tuke's description of the Retreat, published in 1813:—historical accuracy will not allow us to say, that they originated what may be called the rational, humane and modern system of moral treatment of the insane.



In this country, the system of Pinel was early introduced, and among those who were most instrumental in establishing it here, we ought to mention Rush, Wyman and Todd.

Dr. Rush was a man of great benevolence as well as great intelligence, and in his published writings on insanity, we find many interesting and valuable facts, and also many useful suggestions respecting the moral treatment of the insane. He inculcates the necessity of mild treatment and kind usage; but still, Dr. Rush can not now be considered as a correct guide for us to follow, either as regards the moral or the medical treatment of the insane.

So great is the authority of his name, and so great the influence which his "*Observations on Diseases of the Mind*," have exercised on the opinions and practice of medical men in this country, that we deem it not improper to briefly notice some suggestions of his respecting the moral treatment of the insane that we deem erroneous. A prevailing error found in his writings on insanity, is, that the insane are to be disciplined and governed, that those who have the care of them must obtain a dominion over them by fear or by other means that we think improper. Thus he says: "the first object of a physician, when he enters the cell or chamber of the deranged patient, should be, to catch his eye, and look him out of countenance." Again he says, "The conduct of a physician to his patients should be uniformly dignified, if he wishes to acquire their obedience and respect. He should never descend to levity in conversing with them. He should hear with silence their rude or witty answers to his questions, and upon no account ever laugh at them, or with them." After attending to various means for making insane persons obedient, he says, "If these prove ineffectual to establish a government over deranged patients, recourse should be had to certain modes of coercion."

After mentioning a recourse to the strait waistcoat, the tranquilizing chair, (which is an invention of Dr. Rush,) the privation of customary pleasant food, and pouring cold water under the coat sleeves, so that it may descend to the



arm pits, he adds, "if all these modes of punishment should fail of the intended effect, it will be proper to resort to the fear of death."

I need but mention these remarks of Dr. Rush, to show that he was far behind not only the present age in the moral treatment of the insane, but in arrear of Pinel, whose treatise on insanity had been published several years when Dr. Rush wrote.

Doct. Wyman, the first Physician and Superintendent of the McLean Asylum, though not extensively known by his published writings, was a man of superior qualifications, and admirably qualified for the station he held.

He had much architectural and mechanical ingenuity, and to him we are indebted for some of our best arrangements for the care of the insane. His untiring industry, his constant devotedness to the welfare of those under his charge, his sterling integrity and exactness in everything belonging to the duties of his station, furnished an example that has been in the highest degree salutary.

Having no similar institutions in this country to look to for guidance, he had to depend upon the resources of his own head and heart, and fortunately these were both good, and consequently, most that he devised and suggested, has stood the test of time and experience. Dr. Wyman had, we think, one fault, considering the station he held, and this was excessive modesty or disinclination to make known his improvements and the success that attended his labors. Owing to his extreme sensitiveness on this subject, he is less known, and probably accomplished less good than men of less real merit. That his views of both moral and medical treatment, were what we now deem correct, is evident from the following note to his discourse on "*Mental Philosophy as connected with Mental Disease*," delivered before the Massachusetts Medical Society. "In mental disorders," he says, "without symptoms of organic disease, a judicious moral management is most successful. It should afford agreeable occupation. It should engage the mind, and

exercise the body ; as in riding, walking, sewing, embroidery, bowling, gardening, mechanic arts ; to which may be added, reading, writing, conversation, &c., the whole to be performed with order and regularity. Even the taking of food, retiring to bed, rising in the morning and at stated times, and conforming to stated rules in almost every thing, is a most salutary discipline. It requires, however, constant attention and vigilance, with the greatest kindness in the attendants upon a lunatic. Moral treatment is indispensable, even in cases arising from organic disease.

In regard to medical treatment, I believe that purging, bleeding, low diet, &c., have been adopted with little discrimination. They are to be resorted to only when there is organic disease, which requires the reducing plan. But these remedies, especially in debilitated subjects, are seldom useful in relieving mental disease. They are usually injurious, and frequently fatal."

Dr. Todd, of Hartford, we also recal with pleasing recollections. He possessed, as Spurzheim said after seeing him, to the writer of this article, "a mountain of benevolence," to which were added a good education, fine personal appearance, most engaging manners, and very superior conversational powers, all of which eminently fitted him for the moral treatment of the insane, in which he particularly excelled. His great merit we conceive, is, his having zealously embraced, and practically introduced into this country, and made extensively known here the moral and medical treatment recommended by Pinel, Tuke and Willis. To use his own words found in his first Report, he made the "Law of kindness, the all-pervading power of the moral discipline of the Retreat, and required unvaried gentleness and respect to be manifested towards the inmates of the institution, by every member belonging to it."

He early discountenanced depletion, particularly bleeding in insanity, and insisted upon the necessity of generous diet, and recommended a frequent resort to tonics and narcotics in the medical treatment of the insane.



This course of treatment, though it had been recommended by the best writers on insanity in Europe, had not to much extent been resorted to in this country, previous to the time of Dr. Todd, and it was so contrary to that recommended by Dr. Rush, that it required considerable boldness, and much address and management to introduce it, and make it popular in this country, and this, Dr. Todd accomplished.

As already stated, but few improvements in the moral treatment of the insane have been made, since the time of Pinel and Tuke. In their writings, all those methods that we now deem most essential, are clearly pointed out and insisted upon. Still these methods have by the labors of others, become more generally known and established, and in some respects improved.

M. Leuret, the distinguished Physician of the Bicetre Hospital at Paris, in his valuable work, "*Du Traitement Moral de la folie*," has made many very useful suggestions, and done much good in calling attention to the vast importance of moral treatment in insanity. Most writers previous to Leuret, had considered the moral treatment as auxiliary to the medical, but Leuret considers the latter as of trivial importance compared with the former. He proposes to cure all cases of uncomplicated insanity, solely by moral means. For this purpose, he often excites pain or unpleasant sensations and ideas, in order to prevent and dispel those still more unpleasant.

Unfortunately for the establishment of the many excellent precepts contained in this profound work of M. Leuret, he has created a prejudice against himself and his writings by some of his recommendations, particularly by that of the *Douche*, which, however valuable it may be in some cases, is, we believe, liable to great abuse. In some of the prisons in this country, where it has been used extensively with refractory criminals, we have been informed on good authority, the use of it has occasionally proved dangerous, and in a few cases, fatal. But apart from this, and this is only one



of a great variety of measures which he recommends for exciting the hopes and fears of his patients, dispelling their morbid fancies and teaching them habits of self-control, his work abounds with useful suggestions, and is well worthy of our careful study. He recommends resorting to a great variety of means to direct and engage the attention of patients. He insists on the importance of out door exercise and bodily labor, walking, riding, engaging in active sports, and more particularly on the value of mental labor, such as reading, committing pieces to memory and reciting them, and other school exercises, acting plays, attention to music, &c.

On all these subjects and many others relating to the mental treatment of the insane, more full and useful details will be found in the work of Leuret, than in any other with which we are acquainted.

In the main we coincide with him, that in a majority of cases of insanity, the moral treatment is of more importance than the medical, and we fear we shall never avail ourselves of the full value of the former, nor cease to do injury to some patients by administering too much medicine, until we heartily embrace this view of the subject.

That some cases of insanity require medical treatment we believe, but we also believe that a large majority of the patients in Lunatic Asylums do not. There is much analogy between many of the patients found in all such institutions, and the passionate, mischievous, and what are called bad boys in a school, and there is about as much propriety in following the example of Mrs. Squeers, and physicing and medicating the latter as the former, in order to cure them or to change their propensities. Rational hopes for the improvement of either, should we believe, be founded on moral management alone.

Bodily labor as a measure for benefiting and curing the insane is generally recommended, and we allude to it now, but to express the hope that better arrangements for this purpose will be made in institutions for the insane, than have

hitherto been. Some have an insufficient quantity of land, and are destitute of work shops. We think every such institution should have a good farm attached to it ; but still, a farm is not sufficient, as it can afford employment but to comparatively few, and only for part of the year. We think several work shops should be connected with every large establishment for the insane, and be so connected, that the patients of each class can go to them without risk or exposure. One or more rooms in connection with each hall for patients, is needed in order to afford employment to all that would be benefited by it. In such rooms, dress-making and tailoring, cabinet work, the manufacture of toys, basket-making, shoe-making, painting, printing, book-binding, and various other employments may be carried on to the advantage of many patients, some of whom can not be employed on the farm or in shops disconnected with the asylum. In the construction of asylums for the insane, we think there should more care be taken to provide convenient rooms for the purposes mentioned.

But however useful bodily labor may be to some, we regard it as less so generally as a curative measure, and less applicable in many cases, than mental occupation or the regular and rational employment of the mind.

In fact, manual labor, we believe, proves more beneficial by producing this result, that is, by engaging the attention and directing the mind to new subjects of thought, than by its direct effect upon the body. Not unfrequently manual labor appears to be injurious, especially in recent cases ; it accelerates the circulation, and sometimes reproduces excitement of mind in those that have become quiet and convalescent.

We apprehend many have erroneous views on the subject of manual labor as a remedy for insanity. It is undoubtedly useful of itself in some cases, but it rarely cures. The large majority of patients that recover are restored without it, and most of the work performed by those of this



class in lunatic asylums is after convalescence is well established.

It is true, that in many institutions for the insane in this country, and to a greater extent in Europe, a vast amount of manual labor is performed by the patients; but the principal part of this, according to our observation, is done by those that belong to the incurable class; and to these, who constitute the majority in most establishments, manual labor is highly useful, and sometimes necessary for the preservation of the health, and of what mind is still possessed.

But as we have said, the curable class are more benefited by the regular and rational employment of the mind, by pursuits that engage the attention, and tend to the enlargement and the improvement of the mental and moral powers.

For this purpose, asylums should be well supplied with books, maps and apparatus illustrative of different sciences, and also collections in natural history, &c. Schools should be established in every institution for the insane, where patients could engage in reading, writing, drawing, music, arithmetic, geography, history, and also study some of the sciences, as chemistry, mineralogy, conchology, physiology, &c.

To these schools should be attached intelligent instructors, who should spend all their time with the patients, eat at the same table with them, but have no labor or other duty to attend to, than to interest the patients and contribute all they can by their presence and conversation to their contentment and enjoyment. They should join them in their amusements and walks, and be their constant companions.

We are satisfied that an establishment for the insane can be better managed, and with equal economy, by having an arrangement by which some attendants devote their time to the ordinary duties and labors of the halls, while others have nothing to do but to accompany the patients and endeavor to instruct and amuse them. The latter having nothing to do with any coercive measures, the patients do not become prejudiced against, and will readily hearken to their suggestions. Thus they serve as a constant guard, and by their



presence and management, prevent outbreaks and disorder and make coercive measures, restraint and seclusion, rarely necessary.

They also by their presence and conversation quiet the timid, console the desponding, and by attention to all, contribute to the contentment and cheerfulness of the patients, and as we believe, essentially aid in curing them. Many cases, we believe, cannot be cured or improved, but by arousing and calling into exercise the dormant faculties of the mind. Hence schools are beneficial, not merely to the curable class of patients, but to the demented and those approaching this condition.

In such, the active state of the disease, which originated the mental disturbance, has passed, and left the brain and faculties of the mind in a torpid state. In these cases, medicine is generally of no use, and they cannot often be much improved, but by exercising the faculties of the mind.

But others are also benefited by devoting a portion of every day to mental improvement. To those who are nearly or quite well, and who remain in an asylum for fear of relapsing at home, or for other reasons, schools afford enjoyment and often means for improvement which are highly valued by the patients themselves.

The melancholy and despairing, and to all those suffering from delusions of mind, and those that are uneasy and nervous, that are constantly restless and disposed to find fault and to annoy the attendants, and quarrel with all about them, because they have nothing else to occupy their minds, are frequently cured by mental occupation and the exercises of a school, by attending to composition, declamation, the writing and acting of dialogues and plays.

Our observations for many years in various lunatic asylums, led us a long time since to regard the want of mental occupation as the greatest want in modern institutions for the insane. Go into any such establishment, and you will find some few, in winter a very few, at work, some playing cards or other games; yet a still larger number will be found

sitting about, listless, inactive, doing nothing, saying nothing, taking no interest in anything going on around them ; gathered around the stove or place that is heated, looking forward to nothing but the hour for eating and retiring to sleep. For a short time each day, when the physician passes around, they will exhibit a little animation and say a few words, and then relapse into their former condition.

When the weather is pleasant, some of them walk or ride out occasionally for a short time, but this, to many of the class we are describing, after a few times, seems to be a mechanical kind of business and confers but little enjoyment, they notice but little and say but little during the walk or ride, or after it. These patients make no especial trouble in an asylum, and are very apt to be overlooked and neglected, and if not already demented soon become so. They are thought not to require much attention, as they have good bodily health, and are quiet, consequently they generally receive but little notice.

But those belonging to this class require great attention ; they need mental exercise ; they should attend school and have their minds awakened into activity, for an hour or two every day. Soon, by this course, their memories will improve ; they will become interested in singing or in some particular study, and by perseverance a considerable number will be cured, and many, very many, rendered capable of much enjoyment, and be kept from sinking into a state of hopeless dementia.

Various are the methods that may be adopted to awaken into activity the dormant faculties of the mind and to dispel delusions and melancholy trains of thought. A *museum* or collection of minerals, shells, pictures, specimens of ancient and modern art and curiosities of all sorts, should be connected with institutions for the insane. The opportunities are abundant for making interesting and valuable collections of this kind by the aid of the patients that have recovered and their friends.

By means thus indicated Institutions for the care and cure



of those affected by mental disorder will be made to resemble those for education, rather than Hospitals for the sick, or prisons for criminals; and when we call to mind that the greater part of those committed to such establishments are not actually sick, and do not require medical treatment, but are suffering from deranged intellect, feelings and passions, it is evident that a judicious course of mental and moral discipline is most essential for their comfort and restoration.

By these remarks we do not however mean to disparage medical treatment as it is in some cases very essential, but we mean to insist upon what we believe to be the fact, that moral treatment including religious instruction and medical advice as to the means of preventing re-attacks, is the most important, and as yet too much neglected;—that institutions in general have not been constructed and arranged in a manner best adapted for carrying into successful operation a complete system of moral treatment.

In conclusion we wish to express the hope that increased attention will be given to this subject, and are confident great good will result. When such a system as we have briefly indicated or rather hinted at, is judiciously introduced into Asylums with convenient rooms and suitable books and apparatus, we apprehend that trivial and objectionable amusements will be abandoned by the inmates themselves for more rational enjoyments—enjoyments which while they serve to dispel the darkness and delusions that affect many, will at the same time have the effect to improve their minds and enable them to leave the institution not only rational, but better qualified by increased intelligence and power of self-control for encountering the troubles and performing the duties of life.



## ARTICLE II.

## REMARKS UPON MONOMANIA,

BY M. BAILLARGER, *Physician to the Salpetriere Hospital for the Insane, Paris.* Translated from the "*Annales Medico-Psychologiques.*" BY J. E. LEE, M. D., *First Assistant Physician to the New York State Lunatic Asylum.*

Monomania is indisputably the most singular of all forms of insanity. Every day, under the influence of fierce passion, or of certain poisonous agents, we see produced an unnatural state of intellectual excitement, which aids us in understanding maniacal delirium, and also enables us to comprehend pretty accurately that disorder of the faculties, more or less general, which is accompanied by loquacity, agitation, &c.

But the case is different as to monomania. How is it that a single fixed idea, often absurd, can maintain itself thus isolated in the midst of an intellect, to all appearance sound? In truth, this can not be so readily explained as the complete perversion of the faculties, hence it is with great difficulty that we are brought to admit the existence of veritable monomaniacs, in the strict acceptation of the term. At this day no one refuses to recognize the existence of this kind of insanity, but there is far from being the same harmony of opinion as to its frequency.

M. Foville, in an able article in the *Dictionnaire de médecine pratique*, has designated monomania as being, in its simple form, *exceedingly* rare, he having seen, he says, only two cases. We know many physicians, who at this day coincide with M. Foville in this opinion. This form of insanity is, they say, much less frequent than Esquirol claimed. of which fact they have been able to satisfy themselves

by carefully studying the cases of those patients who have been considered as subjects of monomania ; they also say that they have recognized in almost all these cases, an insanity far more general than would at first have been suspected, so, that in fact, the word *polymania* would be more appropriate to the great majority of these cases, than that of *monomania*, &c., &c.

In truth, we believe that there are very many patients who are called monomaniacs, whose insanity is not strictly confined to a single false idea ; but we also believe that Esquirol never claimed the contrary. We will in another place, consider the expediency of changing the name of the disease in cases of this kind.

But shall we relinquish the investigation of monomania, carefully restricted to those cases which rigorously deserve the appellation, because it may have been shown that they are exceedingly rare, and, so to speak, exceptionable? We think not.

Those who have argued against the frequency of the occurrence of these cases of monomania, seem either to have forgotten or to have omitted the mention of one fact, which seems to us of the first importance, in reference to this question. There exists in our opinion, a large number of monomaniacs, for whom physicians are not consulted, or are not until the lapse of a greater or less number of years, upon the occurrence of some more general disturbance of the intellect. But it is by observing the disease at its commencement, or at least before it has transcended certain limits, that we are especially able to satisfy ourselves, that there are very many cases in which the insanity is strictly confined to a single idea, or to a single series of ideas, always the same. This insanity has often existed for a long time without being suspected, it having produced no disturbance. Without the avowal of the patient himself, we can know nothing of his long continued sufferings, nothing of his struggles against the single fixed idea, which at last obtains complete ascendancy. Thus suicide is frequently the first signal of all this inward combat, which nothing has before revealed.



The same is true of homicidal monomania. This sometimes remains concealed for a long time, not being made known to the physician, until the patient, alarmed at the progress of his insanity, decides that he will seek assistance.

This is verified by the following case, which presents us at the same time, one of the most curious examples of homicidal monomania which science possesses.

“ I, the undersigned, William Calmeilles, health officer, residing in the principal town of the canton of Cazals (Lot), certify to all whom it may concern, that upon the requisition of the mayor of the commune of Marminiat, I have this day been to the village of Brunet, in the aforesaid commune of Marminiat, to decide upon the mental condition of a person named John Glenadel, a husbandman, dwelling in the said village of Brunet.

“ I found Glenadel sitting upon his bed, having a cord around his neck, fastened by the other end to the head of the bed ; his arms were also tied together at the wrist with another cord. In giving my report, I do not believe that it can be better made, than by recording the conversation which took place between Glenadel and myself, in the presence of his brother and sister-in-law.

*Question.* Are you unwell ?

*Answer.* I am very well ; my health is excellent.

*Q.* What is your name ?

*A.* John Glenadel.

*Q.* What is your age ?

*A.* I am forty-three ; I was born in '96, see if this is not correct.

*Q.* Is it by compulsion or by your own consent that you are bound in this manner ?

*A.* It is not only by my consent, but I demanded that it should be done.

*Q.* Why is this ?

*A.* To restrain me from committing a crime of which I have the greatest horror, and which, in spite of myself, I am constantly impelled to execute.



Q. What is this crime ?

A. I have one thought which constantly torments me, and which I can not conquer ; that I must kill my sister-in-law, and I should do it were I not restrained.

Q. How long have you had this idea ?

A. About six or seven years.

Q. Have you any cause of complaint against your sister-in-law ?

A. Not the least, Monsieur ; it is only this one unfortunate idea which troubles me, and I feel that I must put it in execution.

Q. Have you ever thought of killing any one besides your sister-in-law ?

A. I at first thought of killing my mother ; this thought seized me when I was fifteen or sixteen years old, at the age of puberty, in 1812, as I well recollect. Since that time I have not passed one happy hour ; I have been the most miserable of men.

Q. Did you conquer this unfortunate idea ?

A. In 1822, I could no longer resist, I being at that time, twenty-five or six years of age, and to remove this unfortunate inclination, I joined the army in the capacity of a substitute. I was two years in Spain with my regiment, and then returned to France, but this fixed idea followed me everywhere ; more than once I was tempted to desert to go and kill my mother. In 1826, they gave me an unlimited furlough, although it was unsolicited by me, and I returned to my father's house, my fatal idea returning with me. I passed four years with my mother, always having an almost irresistible inclination to kill her.

Q. What did you do then ?

A. Then Monsieur, seeing that I should inevitably commit a crime which terrified me and filled me with horror, I in 1830, rejoined the army, that I might not succumb to this temptation. I left for the second time my father's house, but my fixed idea again followed me, and at last, I almost decided to desert that I might go and kill my mother.

Q. Did you have any cause of complaint against your mother ?

A. No, Monsieur, I loved her very much ; thus, before starting I said to myself, " Shall I kill that mother who has exercised so much care over me during my infancy, and who has loved me so well, although I have entertained this fatal thought against her ? I will not do it, but I must kill some one." It was then that the thought of killing my sister-in-law first occurred to me ; I have a distinct recollection of this, I being at that time in Dax, and it was in the year 1832. It was then announced to me that my sister-in-law was dead ; which was a mistake, it being another relative who had died. I then accepted of the furlough they had offered me, which I should by no means have done, had I known that my sister-in-law was still living. When I reached my home and was informed that she was not dead, I experienced such a sinking and depression of spirits that I became quite sick, and my idea resumed its course.

Q. What instrument do you choose with which to kill your sister-in-law ?

Here Glenadel was much affected, his eyes were bathed in tears, and looking towards his sister-in-law, he replied—" That instrument which would inflict the least pain !" But however that may be, the time approaches I perceive, when she must die, and this is as certain as that God lives.

Q. Do you not dread to inflict so much misery and anguish upon your brother and your little nephews ?

A. The thought of this has troubled me somewhat, but I should receive the punishment due my crime, and should neither see nor know anything of their affliction ; the world would rid itself of a monster such as me, and I should cease to live ; I should not expect after this to see a single hour of happiness.

It here occurred to me that M. Grandsault, of Salviat, my companion and friend, who is at present in Paris, had told me, about a year before, of a young man, who, some years previously had come, accompanied by his mother, to



consult him as to his own case, which presented many features very similar to those exhibited by Glenadel; as these cases are so very uncommon, I thought that perhaps this person and Glenadel might prove to be the same. I therefore asked him if it was he who had consulted my friend, and he replied in the affirmative.

*Q.* What did M. Grandsault counsel you?

*A.* He gave me most valuable advice, and he also bled me.

*Q.* Did you experience any benefit from this bleeding?

*A.* Not the least; my unfortunate idea pursued me with the same force.

*Q.* I am about to make a report upon your mental condition, from which will be decided whether you shall be placed in a hospital where you may recover from your insanity.

*A.* My recovery is impossible; but make your report as quick as possible, time presses; I can control myself but little longer.

*Q.* It must be that your parents have instilled into your mind correct moral principles, that they have set before you good examples, and that you yourself have possessed a virtuous mind, to have resisted for so long a time this terrible temptation. Here Glenadel was again much affected, he shed tears and replied, 'You are correct in this, Monsieur; but this resistance is more painful than death; I know that I can resist but little longer, and I shall kill my sister-in-law unless I am restrained, as sure as there is a God.'

Glenadel, said I to him, before leaving you let me ask of you one favor: resist still for some days longer, and you shall not see your sister-in-law for a long time, as we will so arrange matters that you can leave here, since you so much desire it. Monsieur, I thank you, and I will make arrangements to comply with your recommendation.

I left the house, and as I was about to mount my horse, Glenadel called me back, and when I had approached near to him, he said to me: Tell these gentlemen that I beseech



them to put me in some place from whence it will be impossible for me to escape, for I should make attempts to do so, and were I to succeed in getting away, my sister-in-law would have to die, for I could not avoid killing her ; tell these gentlemen that it is my own self who has said this to you. I assured him that I would do this ; but as I saw that he was in a state of great excitement, I asked him if the cord which bound his arms was strong enough, and if he did not think that by a strong effort he could break it. He made an attempt and then said, I fear that I might. But if I should procure for you something that would confine your arms still more securely, would you accept of it ? With thanks, Monsieur. Then I will ask the commander of the gend'arms to give me that with which he is accustomed to confine the arms of prisoners, and I will send it to you. You will confer upon me a great favor.

"I purposed to make many visits to Glenadel so as to entirely satisfy myself as to his mental condition ; but after the long and painful conversation which I held with him, after what my friend M. Grandsault had told me, after what has been said to me by the brother and sister-in-law of Glenadel, who are so much afflicted at the sad condition of their unfortunate brother, I became well convinced, without farther observation, that John Glenadel was affected with that form of insanity called monomania, characterised in his case by an irresistible inclination to murder ; the monomania with which Papavoine and others, fortunately but a small number were affected.

"Signed at Brunet, in the commune of Marminiat.

"CALMEILLES, Health Officer."

May 21, 1839.

We have no desire to change a word of this, rendered so eloquent by its very simplicity. We do not think any farther remark necessary, and we will therefore restrict ourselves to the single statement, that this insanity continued during twenty-six years, and that for twenty years Glenadel was able by his own power, to resist the impulsions which

persecuted him, and to preserve all the appearances of a man of entirely sound mind.

The following case, though differing in many respects from others which are cited, shows that one fixed idea may persist for a long term of years, without producing any other mental disturbance, and in a patient who has preserved in the eyes of all, an appearance of the most perfect reason.

Augusta Wilhelmine Strohm, thirty years of age, having never presented any appearance of melancholy, without appreciable motive, killed, with a blow of a hatchet, one of her friends whom she had invited to her house. She immediately afterwards gave herself up to a police officer. Marc, after having reported this case in detail, continues thus: "When *quite young*, Augusta Strohm was present at Dresden, at the execution of a person named Schaefer, sentenced to death for assassination. The preparations for the execution, the procession to the scaffold, all produced upon Augusta Strohm such an impression, that from this moment she regarded it as the great and most desirable object of her existence, to be able to terminate her life in the same manner; that is to say, to be prepared for death in the same way, and to close her life in as exemplary a manner as she who was condemned. *This thought never left her; but her moral principles for a long time struggled against it*, until, about six months previous to the event we are about to mention, the execution of an assassin, named Kulaufen, took place at Dresden, &c.

This second execution, by the circumstances with which it was accompanied, again made a very strong impression upon the girl Strohm, and sufficed to arouse the former idea which she had retained, and to impel this girl to the commission of murder. Strohm was *quite young* when she was present at the execution, from which dates the origin of her fixed idea. It is therefore probable, that for at least fifteen years, did this fixed idea persist without producing any other disturbance of the mind, the patient preserving all the appearances of reason, notwithstanding the mental struggles she endured.



It is very certain that if this kind of monomania is capable of being aggravated, it ought also sometimes to be recovered from, without passing the strict limits we here indicate. An attending disease or a fortunate occurrence might very well produce this result. We might mention many persons, who for two months or more, have entertained thoughts of suicide or homicide, and from whom this symptom has spontaneously disappeared, without leaving the least trace. These persons have not told of what they had experienced, before their recovery, and no one can doubt but that the majority of these cases pass unrecognized.

All that we say of instinctive monomania, applies with equal force to intellectual monomania.

A physician, forty-five or fifty years of age, came to me once to make known the fear he had of becoming insane, and to seek my counsel. He first informed me that many of his relatives were subject to attacks of insanity, and that he himself had for more than ten years, been pursued by fixed ideas, the nature of which he correctly appreciated, but of which it was impossible for him to free himself.

These ideas were not always the same, but each one of them had persisted for *many years*. Thus for a long time he could not avoid looking at the prominence in the garments produced by the male organs of generation; which inclination gave him much uneasiness lest he should be suspected of corrupt morals.

Afterwards he was persecuted by the impression that he was constantly insulted, and that every one who coughed or blew his nose by the side of him in the street, wished to impose upon him.

Notwithstanding these ideas, he continued to fulfil all the duties imposed upon him by numerous patients, and to pass in the eyes of all, as a rational man. I have been since informed, that his insanity has transcended the strict limits here mentioned, and that this physician has become completely insane.



I have attended for three months an English woman, whose brother has been affected with mental disease, and who herself has been beset by a fixed idea from which she has in vain strove to free herself, and to which she constantly recurs, though she well knows it to be unreasonable. This idea is the fear, *that she does not sufficiently love her husband.* For three months I have looked in vain for any other trace of intellectual disorder. This woman, twenty-seven years of age, presents all the appearances of the most perfect reason ; nevertheless a hundred times every day, she finds herself in spite of her resistance to it, recurring to this idea, which she comments upon and explains in every way. This state has already continued for three years, without the insanity being in the least extended.

We see from these cases, that monomania may persist for three, ten, fifteen and even twenty years, without being marked by any insane act ; the patients struggle against their ideas, but are able to maintain command of themselves in the midst of the world.

Cases of this kind are not uncommon. How many patients do we meet with, who have been affected with a partial delirium or mania, who before coming completely insane, have been for many years tormented with one fixed idea, which they have by great care, been able to conceal ! They are much mistaken, who believe that all monomaniacs are placed in asylums for the insane. On the other hand, they can be convinced that the great majority continue to live with the world, and it is precisely to these that the disease is clearly limited. After the establishment of the society for the care of the insane, I was, as a member of this society, called to see many patients who had been discharged from Salpetriere and Bicetre, who retained these fixed ideas. Notwithstanding these ideas, these patients always conducted with the utmost propriety. One laboring woman believed that the person by whom she was employed, entered her chamber during her absence, and threw in mercury and other noxious substances ; nevertheless, she had the power

to conceal this delusion, she made no complaints, and affairs might have continued in this state for a long time, had not her disease been aggravated. The day on which this aggravation took place, this woman was transported with rage, recounted her injuries, and will have to be again secluded. All persons who have thoughts of suicide, do not kill themselves nor make attempts to do it, and it is certain that many patients, although tormented by these fixed ideas, maintain themselves as to all their actions, within the confines of the most perfect reason. This is not true of maniacs, the demented, nor of those who have hallucinations.

We think that monomania in its most simple form, is more frequent than is generally believed, from this one consideration, that this variety of insanity often persists for many years, without producing irrational acts, the patients being able commonly to remain in society, where they escape the observation of the physician.



### ARTICLE III.

#### CASE OF ALLEDGED LUNACY.

*Communicated by* AMOS DEAN, ESQ. of Albany, N. Y.

During the month of March last, the Chancellor on application for that purpose, issued a commission *De Lunatico Inquirendo* directed to Amos Dean, Alden Marsh, M. D., and Peter McNaughton, M. D., directing them by the oaths of twelve men to inquire into the alledged lunacy of A. B. of the city of Albany, and whether he was sufficient for the government of himself or for the management of his property.

On the execution of that commission, a number of witnesses were sworn, mostly clergymen of the city of Albany, and others of high respectability, as to communications made



to them by the alledged lunatic, from which the lunacy was to be inferred. The following were substantially the facts elicited. He stated to one witness that when he set down for the purpose of writing he hardly knew what to write ; and that he was not aware what he was going to write, but it appeared to be revealed to him what he should write. It conveyed to the mind of the witness the idea that he thought himself directly inspired.

To another witness, a clergyman with whom he had had no previous acquaintance, he stated that he had arisen early one morning and had walked down to the bank of the river, where lying down upon his back he saw, or in some manner were revealed to him, some characters, the meaning of which he did not know. He had immediately inscribed the characters in a book which he then had in his pocket, and of which he proposed to give the clergyman a copy, supposing they might be of use to him and that he would know what they meant. The letters were large roman letters, with double lines M. O. R. N. I. N. G. S. T. A. R. morning star. He thought there was some deep mystery in these letters. He had previously requested to be in a private place and that the door should be locked. He also brought to the clergyman a book as containing the great elements of spiritual knowledge. It was one of the works of Emmanuel Swedenborgh.

He called on another clergyman in the city at two different times. The first time he requested a private interview, and presented the characters above mentioned. He supposed they had a deep mystical meaning, and stated that he was directed by the spirit to call on the witness, that he might have the characters explained to him. At another time he called between 11 and 12 o'clock at night. and apologized for calling at that hour, said he had an impression from the spirit to call, and called by authority or direction of the spirit. He desired to remain until morning which he did.

He also made two calls on another clergyman, in the first of which he brought a work of Swedenborgh, and stated



that the new views in it might be communicated in answer, to fervent prayer. Directed as to the manner of prayer, told the clergyman he must get down on his knees, close his eyes very tight and he would see a great light. The second time he called about daylight in the morning in June or July last. He stated that he had been directed by the spirit to call on the witness and that he had a message for him from the Lord. That on entering the house he read to him the 21st chapter of Revelations, making a running commentary as he read. He said when he got up in the morning he did not know where he should go, but he was directed by a great light shining up in Washington Street. He understood that he was directed by some supernatural power.

It appeared further that the alledged lunatic was about 52 years of age. That he had been an active business man the most of his life until within about a year past, during which he had been in no business. That he was worth about \$9000, and had a wife and family of seven children. That he had been in various kinds of business, but not in the printing business. That he was making active preparations to establish a paper daily and weekly in the city of Baltimore, where he had some children residing, which was to be called The Son of Man. He had got that heading to the paper stereotyped. He had contracted for the making of two imposing stones or tables. He was in negociation with some one in New York for the purchase of a double Cylinder Press, and had offered \$2000 for one which did not appear to be too high a price. He had stated that the name of his paper, The Son of Man was revealed to him and he was commanded by the spirit to publish it. That he had seen the paper held up before him as in a vision, as an intimation that he was to publish one.

The commissioners charged the jury in substance, that men were exempted from legal responsibility upon three different principles.

1. When the mind was unable to comprehend the law which was required to be observed.

2. When the mind had lost its control over the volitions and actions of the individual.

3. When some delusion or hallucination had usurped the place of reality.

Under the first were included all idiots, imbeciles and demented. Under the second all cases of moral mania, where the perversion or derangement had seized upon the feelings, the instincts, propensities and propelling powers of man, and rendered the volition and act irresistible and necessary. Under the third, cases of intellectual mania, where the faculties which produce ideas, were led to entertain delusions or hallucinations which consist in the assumption by the mind of things as true which either have no foundation whatever, or the slightest possible foundation in fact.

That the faculties of the mind were liable to almost as many varieties of derangement, as the organs of the body were of disease. That all these varieties were susceptible of two primary divisions, the one including all those cases where the mental faculties were preternaturally defective in their power of manifestation, comprehending all those who are exonerated from liability under the first principle above stated, the second all those where the same faculties were excessive and perverted in their action, which comprehends those cases exonerated under the second and third principles above stated. That the second class was again subdivided into moral and intellectual mania, depending upon whether the derangement affected the moral powers or intellectual faculties of the individuals. That each one of these was divided into general and partial according as the derangement affected all or one or more of the moral powers or intellectual faculties. That there were a great many different varieties of partial intellectual mania, depending much upon the kind of delusion or hallucination entertained by the mind. That the present if a case of lunacy at all, was an instance of partial intellectual mania. That the term lunacy made use of in the commission was not the most appropriate term, but that it should have a liberal construction given to it. That if



they believed from the evidence, that the supposed lunatic entertained the belief that he received communications from God, either by being directly communicated to his mind, or through the instrumentality of spirit, he was a lunatic. That although the communications made appeared to be harmless, yet the difficulty and the danger consisted in his substituting the vagaries or suggestions of his own mind, and the whims or fancies that might strike him, in the place of communications from God, and then attaching to them the same binding force and obligation as if they were commands from God. That it was perfectly consistent for the mind to be deranged upon one subject, and yet perfectly sane in its action on every other. That he might be close and calculating in relation to his pecuniary matters, and yet be under the influence of insane delusion. That for the purpose of finding him a lunatic under this commission they must find not only the fact of lunacy, but also that it was of such a nature as to render him insufficient for the government of himself, or for the management of his property, for it was not all kinds of mental aberration that would thus disqualify. That in order to judge whether the case before them was one that would disqualify, they must look at the nature of the delusion, and the direction it seemed about to take, that if in their judgment the nature of it was such as to disqualify the man from transacting the ordinary business of life, that was sufficient, or if under the influence of the delusion he was about to embark, or had actually embarked in an enterprise that would probably result in the destruction of the capital invested in it, that would also be sufficient.

The jury could not agree upon a verdict, and were discharged.



## ARTICLE IV.

## REPORT ON CAPITAL PUNISHMENT.

*From the able Report of MR. GOULD, made to the Legislature of the State of New York during its recent session, we make the following extract.*

Every jury empaneled to try a criminal indicted for a capital offence, must of necessity pass upon the question of his sanity. How fearful is the responsibility involved in such an issue ! If the accused is insane, his execution would be murder ; if sane, his acquittal would be fraught with danger to society and at war with every principle of justice. Yet, jurors are continually compelled to pass judgments, which affect the welfare of *immortal souls* for ETERNITY, with scarcely a single clue to guide them in their decision. In a letter to one of your committee, Dr. Brigham, superintendent of our State asylum, remarks as follows : “ To my mind, there is no stronger argument in favor of abolishing capital punishments than the impossibility of determining whether some homicides are insane or not. There is no sure criterion of insanity ; no sure test of its existence by which it may certainly be recognized.”

“ Bellingham, who was executed in England for killing Mr. Percival, was undoubtedly insane, and numerous other cases in that country and on the continent of Europe, I could give you if necessary, of persons who have been executed for crimes, committed under the sole influence of insanity. There are instances enough of the like kind in this country ; Goss, in Connecticut ; Cook, at Schenectady ; Prescott, in New Hampshire ; Baker, in Kentucky, occur to my mind ; besides, Cornell, condemned to be hung, but had his sentence commuted by Gov. Bouck, to imprisonment for life at Auburn, where he now is, an insane man ; and Wil-

cox, of Schenectady, likewise condemned to be hung, but had his sentence commuted by Gov. Wright, on the ground of insanity, and is now insane in Clinton prison."

The opinion thus expressed by Dr. Brigham, that there are no certain tests by which insanity can be certainly recognized, is fully borne out by every writer of eminence on the subject, as your committee have ascertained by a careful and laborious examination.

The laws of the land, as enacted by statutes and expounded by judicial decisions, afford no surer guides to juries, in making their momentous decisions, than the laws of science as expounded by its most distinguished professors; they are vague, contradictory and uncertain.

For example, the doctrine of Lord Coke, as laid down by Erskine, is: "To protect a man from criminal responsibility, there must be a total privation of memory and understanding."

A part of your committee have visited most of the asylums for the insane in the northern States, and made careful personal examinations of their inmates, and they are very sure that there is not a single person in them who would be absolved from responsibility under this dictum of Lord Coke.

Mr. Justice Tracy, in 1723, laid down the law for ascertaining the responsibility of the insane, as follows: "It must be a man, that is totally deprived of his understanding and his memory, and doth not know what he is doing, no more than an infant, than a brute, or a wild beast; such a one is never the object of punishment."

"It might be added," says Dr. Bell, "that such an one was probably never brought before a court and never will be." (Report in 1843, of Trustees of Massachusetts Hospital. p. 50.)

Sir Vicary Gibbs, Attorney General of England, in 1810, thus lays down this principle: "I say this upon the authority of the first sages in this country, and upon the authority of the established law in all times, which law has never been questioned, that although a man be incapable of conducting



his own affairs, he may still be answerable for his criminal acts, *if he possess a mind capable of distinguishing right from wrong.*" Which test was thus endorsed by Lord Mansfield : " There was a third species of insanity, in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person were capable, in other respects of distinguishing right from wrong, there was no excuse for any act of atrocity which he might commit under this description of derangement."

This test of distinguishing right from wrong has been tried at our State asylum, and it was found that with scarcely an exception, its inmates had clear ideas of right and wrong and of the distinction between them ; the same test has been applied in many of the asylums of our country, and the result has been, that not more than ten per cent. of the whole number would be exempt from legal responsibility under its operation, and these were so furiously mad as to be manifestly dangerous to be at large. Under this very rule, as we are told by Dr. Bell, " a man whom nobody now doubts to have been insane, committed his homicidal act on the 11th of May, 1811, was tried, convicted, sentenced, executed, and his body placed on the dissecting table on the 18th ; all within one week !"

The charge of Judge Edmonds to the jury, in the case of Kleim, is one of the most humane and most fully imbued with a knowledge of the various phases of insanity, that has ever emanated from the judicial bench ; yet he acknowledges his inability to give sufficient criteria for its detection, but lays down the following maxims, as the best approximation.

" If he have not intelligence and capacity enough to have a criminal intent and purpose, and if his moral or intellectual powers are either so deficient that he has not sufficient will, conscience or controlling mental power, or if through the overwhelming violence of mental disease, his intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts."



It will be seen from the exposition which we have given of the state of the laws of science, and the laws of the land on this subject, that it is absolutely impossible for juries to decide intelligently on the responsibility, and consequently on the guilt of those who are tried before them, and that they are therefore obliged to *guess*, without chart or compass to guide them, whether the accused is guilty or not.

If a law were enacted, that every person who was suspected of murder, should be tried by the ordeal of burning plough shares, as in ancient times, or that the judge should determine, whether he should be hanged or acquitted, by the cast of a die, every man in our whole country would rise up against its enforcement, and every legislator who was concerned in its enactment, would receive a most indignant rebuke from an outraged constituency.

Yet it will be seen, from what has been stated, that the law as it now stands, makes the administration of justice as vague and uncertain as in the case above supposed; that under its operation many judicial murders have been inflicted, and that no guarantee is afforded against their future commission.

Man is a compound being, made up of body and of mind; without pretending to decide the metaphysical question of the materiality of the latter, we may consider it as certain, that the brain is the organ through which its manifestations are effected. The brain is a compound organ: a physical lesion existing in one portion of the brain, modifies or perverts that intellectual faculty of which it is the appropriate organ; while the portions of the brain which are uninjured, perform their functions in a regular manner. Thus the portion of brain whose office it is to receive the perceptions of vision, may be modified or perverted, while the portion whose function it is to receive the perception of audition retains its integrity. The perception of feeling may be perverted or destroyed, while the perception of taste is unimpaired. Cases are not infrequent where in consequence of some cerebral lesion, patients can not see one half of the

name on a sign, while they can see the other half distinctly ; as was the case with the celebrated Dr. Abernethy, for a considerable time he was utterly unable to see the Aber— in his name, while he could see the—nethy perfectly well, yet his hearing and all his other faculties were perfectly sound. Sometimes the brain is extensively diseased, while the rest of the body remains in perfect health ; and, on the other hand, the body may be in an exceedingly morbid condition, while the functions of the brain are unimpaired.

But more frequently, “ when one member suffers, all the members suffer with it ” to a greater or lesser extent. Where one organ of the brain is seriously disordered, the other organs participate in the disturbance ; when the whole brain is diseased the whole body suffers—it is then said to suffer sympathetically.

The brain sympathizes with some organs of the body more than others ; disease of the liver almost invariably produces melancholy and despair ; consumption, a disease of the lungs, on the other hand, often gives cheerfulness and hope.

Among insane persons it is rare to find the functions of the brain equally disturbed ; sometimes the mental powers are chiefly perverted, sometimes the moral feelings are alone affected, sometimes the passions and propensities are morbidly excited, and sometimes the animal feelings are predominant.

We have seen numerous instances where the moral faculties exhibited a perfect wreck, while the intellectual faculties were even preternaturally vigorous, on the other hand we have seen maniacs whose intellect seemed perfectly shattered, who, “ though their intellect may be impaired and reason driven from her throne, until the crowning workmanship of God is humbled, fallen and crushed into the dust, whose hearts still swell with those emotions which are the attributes of angels, still cherish the germs of moral beauty, which will fully blossom in a better world, and is still watered with the warm current of feeling, which shall be unto



them a well of water springing up into everlasting life.” (Dr. Earle in Journal of Insanity, vol. 1, no. 3, p. 194.)

In some cases, insanity may be confined to one single subject; and on this one, the patient will exhibit the most unequivocal and unmistakeable indications of its power. One of your committee, on visiting a lunatic asylum, was joined in one of the halls by an exceedingly intelligent gentleman who was supposed to be an attendant, he explained the mental conditions of the various patients with a great deal of clearness, and perspicuity, and offered very plausible and ingenious theories to account for their delusions; he conversed with much intelligence on the topics which were alluded to in conversation, and seemed as far removed from insanity as the physician who presided over the establishment. The subject of politics was at length casually alluded to, and in the twinkling of an eye the whole appearance of our philosophic and gentlemanly companion was transformed into that of a demon; his frame was convulsed with the most violent gesticulations, his eyes were protruded and glared wildly in their sockets, his face was flushed and reddened, and all the while he was pouring forth a perfect torrent of invective against locofocoism; because on one occasion while sitting in Tammany Hall, the party had directed one of its members to “open the bottle and let *three pops of hydrogen gas* strike on his face.” So great was his fury against the supposed authors of this imaginary injury, that had he come in contact with any prominent leader of Tammany Hall, he would have committed violence or perhaps murder.

Suppose a poor and friendless man, whose friends were unable to place him in an asylum, should, under the influence of a similar hallucination, actually murder a noted Tammany leader. What would save him from the gallows? He could not procure skilful counsel who would carefully scrutinize his previous history; and if the plea of insanity was set up, would not the proofs which would be offered, of his perfect sanity on all other subjects be sufficient in the present state of public intelligence on insanity, to deprive

him of the benefit of it? Yet no one will deny that the execution of such an individual would be a violation of the very first principles of justice. The hallucination in the case above alluded to, arose from a chronic inflammation of the liver, and was entirely cured when the liver resumed its functions.

A lady residing in the western part of this State, whose whole life had been characterized by piety, gentleness, and benevolence, and who lived with an aged father and mother, sometime since, induced her mother to visit one of the neighbors, and while she was absent, her daughter deliberately split open the head of her aged father with an axe, she then sent for her mother, and pointing out to her the dead body of her father, attempted to kill her also.

The screams of the mother brought assistance in time to save her, and she escaped with a few slight wounds. The previous good character of the lady, her piety, the absence of all motives for the murder, and the hypochondriacal condition that she was known to be in, acquitted her from the charge of wilful murder, and she was consigned to Bloomingdale asylum, where we saw her shortly after her admission. Nothing could be more touching than her manners, her appearance or her conversation. She seemed the personification of melancholy; her eyes were literally "fountains of tears;" and in conversation with us, she bewailed most piteously, the crime of which she had been guilty, telling us, that for her, she knew there was no hope, repeating the words, NO HOPE! several times in succession, in an agony of desperation, which made the blood run coldly in our veins.

To those who were familiar with the various phases of insanity, she appeared unequivocally insane, but the common mass of mankind, who had not made this malady their study, would detect nothing more than mere *strangeness*, nor would they dare to testify to her insanity if they were placed on a witness stand, under the solemnity of an oath.

She was subsequently removed to Utica, where the disease of the liver, which was the cause of the malady, finally



yielded to the influence of remedies, and she became quite well; yet she retained a perfect consciousness of all the horrible circumstances of the homicide; the fractured skull, the spattered brains, the hoary locks clotted with gore, the pool of blood, the dull glassy eye turned up in rebuke towards her, the dying groans, the dull sound as the corpse struck on the floor, and the struggles of the death agony were constantly before her, harrowing up her soul with tortures too dreadful for utterance or description. On awaking in the morning, her bodily and mental health would appear as good as ever it was, "but alas, recollection at hand soon hurried her back to despair," and she passed the remainder of the day in unutterable anguish, which constantly impelled her to suicide, and which rendered it necessary to keep her under the strictest surveillance, both day and night.

At length, time, the great soother of suffering, restored her to some good measure of serenity, and it was deemed safe to allow her to occupy a room by herself, on the strength of a solemn promise, that if she felt the slightest return of her suicidal propensities, she should acquaint the superintendent with it immediately.

For some months nothing occurred, in her appearance or demeanor, to indicate the necessity of greater watchfulness on the part of the attendants, until on entering her room one morning, she was found suspended from her window bar, quite dead. A letter was found on the table addressed to the superintendent, which stated, that for several days she had been under strong temptation to put an end to her existence, and that she had made great efforts to redeem her pledge, by giving him information of her temptation, but that whenever she attempted it, her tongue refused to perform its office, that she knew that suicide was a sin in the sight of God, that by committing it she cut off all her hopes of eternal felicity; that she was confident she was possessed of a devil, like those who were healed by our Saviour, and that he overmastered all her efforts to do right. But she stated that she was "instant in prayer" for deliverance, and

that she yet hoped she should be successful in efforts, but if she failed, she begged him to make such disposition of her body and effects as was indicated in the letter.

In this case too, the wealth, piety, social position, and absence of malicious motive, saved the homicide from public execution, yet it is easy to conceive, that the result would have been different, had she been poor and friendless, especially if her former conduct had been marked by viciousness and crime.

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## ARTICLE V.

[The following sermon, the first we presume ever addressed to the insane in this country, we think will interest our readers. It will be noticed that the excellent author apologized for particularly referring to the mental condition of his hearers, and stated that he should avoid it afterwards. Under the circumstances of the case, we think it was proper, but agree with him that usually, it is not.—*Ed. Jour. Insanity.*]

### AN INTRODUCTORY DISCOURSE,

*Delivered to the Lunatics in the Asylum, City of New York, August 31, 1819. BY JOHN STANFORD, M. A. Printed by order of the Governors of the New York City Hospital. New York: Printed by E. Conrad, 4 Frankfort St., 1821.*

“Go——minister to a mind diseas'd,  
Pluck from the memory a rooted sorrow;  
Raze out the written troubles of the brain,  
And with some sweet oblivious antidote  
Cleanse the foul bosom of that perilous stuff  
Which weighs upon the heart.”

“COMFORT THE FEEBLE MINDED.”—1 Thess. v. 14.

Human nature, in its present fallen state, exhibits little else than one vast hospital. Sin has produced such a variety of diseases, both in the body and mind, which none but



the God of mercy and compassion can possibly cure. The diseases of the mind, are certainly the most calamitous ; for, the connexion between the body and the mind is so strong, that the disability of the mind may truly be said to unman the man. From the direction contained in my text, it becomes the duty of every friendly Christian, and especially every minister of the gospel, to employ every possible method to *comfort the feeble minded*. This duty, with much tenderness and affection, I shall now attempt to discharge to you, who are residents in this asylum ; sincerely wishing that it may be the means which the God of compassion may bless for your consolation ; and that, eventually, he may restore you to your health, your family and friends.

I will endeavor first to describe the CAUSES by which a feeble mind is produced. Some persons are naturally feeble minded ; they have little understanding to judge and determine their duty, or things around them, with the propriety of acting ; and therefore, are obliged to depend upon the opinion and advice of others for direction. There are not few, who once possessed a strong mind, which they have made feeble by pursuing the baneful practice of relaxing the nervous system, by the excessive use of ardent spirits. Other persons, having enjoyed a good degree of affluence, or a competency of life, and afterwards, by a reverse of circumstances, being reduced to poverty : the severity of such a change, has enfeebled their minds to such a degree, as to cast them into a state of despondency. Nor is it uncommon, when a person has fixed his superlative affections upon an object, whom, by marriage, he intended to make his own ; and the blast of disappointment intervening, this has produced such severity on the mind, as to cast it into the shades of distraction !\* The loss of valuable and dear relations, by the sudden stroke of death, has sometimes made impressions on the mind, so powerful, as not only to render

\* It was observed by several present, that when this sentence was pronounced, one of the patients shed a profusion of tears, as though the case was his own.

it feeble, but incapable of enjoying the remaining comforts of life, with the least degree of pleasure. And, it is still more certain, that a consciousness of sins against God ; a doubt of the ability and willingness of Jesus Christ to save ; these, aided by the violence of temptations from Satan, have so absorbed the powers of the mind, as to conduct it near the borders of despair.

These causes, which I have now stated, as well as many others, have frequently reduced the powers of the human mind to extreme debility and distress. It is for you, therefore, my afflicted friends, to determine, which, or if any of them, have created your present despondency. Certain it is, that your God of compassion, knows the cause. I shall, therefore, as a dictate of humanity, sanctioned by the gospel, endeavor to offer you some advices, which I hope the Lord may bless, to the relief and comfort of your feeble minds.

I. Indulge the least reflection, and you will be convinced, that the God who made you, and formed your minds, is certainly able to restore them from their present debilitated state, to composure and activity. It is impossible to doubt of his power, if for a moment you listen to the voice of his word : *Behold, I am the Lord, the God of all flesh : is there any thing too hard for me ?* Jer. xxxii. 27. Impossible ! And, as the Maker of your minds, however they may at the present moment be covered with a cloud, the Almighty can convey to you that light and peace which shall effectually produce a happy restoration ! Besides, I can assure you that it is a part of the glory of God, which he hath displayed in all ages, to *comfort them that are cast down ;* 2 Cor. vii. 6. And, while thousands, more debilitated than yourselves, have received the aid of his restoring hand, we fervently pray, that you also, may share in the plenitude of his goodness !

II. To produce your recovery, be persuaded, that God can bless the medical attention which you constantly receive from the physicians in this institution. In the Book of Ecclesiasticus, chapter the 38th, you are informed that *the*



*Lord createth the physician.* He giveth him talents to discover the nature, causes and progress of diseases, whether of body or mind. And the Lord, who is equally said to *create medicines out of the earth*, giveth knowledge to the physician to explore their qualities and virtues which are adapted to relieve our complaints ; for with such, *doth God heal men, and take away their pain.* In the same chapter, it is required, that the patient should *honor the physician with the honor due unto him, for the uses you may have of him.* This therefore forms a necessary direction, that you should submit to the prescriptions and the orders of your physicians. And, at the same time, the chapter to which I have referred, will dictate the more important duty of prayer to your God, for a blessing upon their efforts for your happy recovery ; knowing that it is the Lord alone, *who forgiveth all thine iniquities ; who healeth all thy diseases ; and who crowneth thee with loving kindness and tender mercies.* Psalm 103.

III. For your consolation, I will inform you from the New Testament, that the blessed Saviour, while on earth, healed a poor distracted man, whose case was far more deplorable than any of yours. A man, whose mind had been a long time distracted ; he would not dwell in a house, but made his dwelling among the tombs of the dead ; no chains could hold him ; he wore no clothes ; night and day he was crying, and cutting himself with stones. In this wretched situation, the compassionate Saviour met him, and granted him that healing mercy, which produced so great a change, that, when the people came to see him, they were astonished to find him *clothed, setting* at the feet of Jesus, and, *in his right mind.* Mark 5. Luke 8. Be you persuaded, that this same Jesus, though now in glory, is still possessed of compassion and power to restore you, and make your future days prosperous and happy.

IV. As the spirits of many have been extremely reduced to despondency, on an apprehension of the impossibility of their salvation from the guilt and consequences of sin, ac-

accompanied with doubts on the ability and willingness of Jesus Christ to save them; and, as possibly, this may be the painful impression of some of you, it is a pleasing part of my duty to inform you, from the testimony of Scripture, that *Jesus Christ came into the world to save sinners*. Of course, if you feel yourselves as such, you may lay claim to his mercy, and rest assured, that such a gracious errand into the world, never can be frustrated. Besides, it is declared, that *he is able to save them to the uttermost, that come unto God by him*. Therefore, if it be the great concern of your mind, to come to your offended God, for mercy and acceptance, you may rest assured, that Christ is both able and willing to save you, notwithstanding all your transgressions, the strength of your temptations, or those dreadful fears which now fill you with distress.

V. It is not uncommon to find persons, whose minds are made feeble and distracted, from the apprehension that they have committed the unpardonable sin against the HOLY GHOST. Should any of you indulge such an apprehension, and are distressed for its consequences, I will attempt to relieve your anxiety by assuring you, that I do most firmly and solemnly believe, that a person who is penitent, laboring under such a fear, may safely rest assured, he has NOT committed that sin. For, certainly, those who have done so, are regardless of its consequences; and are left to the blindness, hardness, and desperate wickedness of their own hearts. I therefore repeat it again, for your relief, that if you are in sorrow, under an apprehension that you have committed this great sin, it is a plain proof that you have not done it. Let these reflections aid in promoting your relief; and may the Lord grant you *the Spirit of truth; the Comforter*, that he may abide with you for ever!

VI. I will offer you one more reflection for your consolation. The journey of life, however painful, is but very short. Let us, therefore, cast our eyes towards an everlasting home. Christ, by his grace, can bear you through all your sorrows, and grant you a hope, full of immortality



and glory. The days of your mourning will soon be ended : and every tear shall be wiped away. By arguments of this description, the compassionate Saviour consoled his disconsolate disciples ; *let not your heart be troubled : ye believe in God, believe also in me. In my Father's house are many mansions ; if it were not so, I would have told you : I go to prepare a place for you.* John xiv. 1. In that heavenly habitation, no cloud shall exist. The mind, which had been feeble, shall bend no more ; but grasp in full vision, the realities of eternity, where *there is fullness of joy, and pleasures for evermore.*

With these charming prospects, I will conclude this discourse, by recommending to you the consoling words of David, which he wrote when he was under a very severe depression of mind ; sincerely wishing that the Lord may enable you to adopt them as your own. *Why art thou cast down, O my soul ? and why art thou disquieted within me ? hope thou in God : for I shall yet praise him, who is the health of my countenance and my God.* AMEN.

#### APPENDIX.

Religious service was commenced in the Lunatic Asylum, by request of the Governors of the City Hospital, the superintending Committee, and the attending Physicians, in hope, through the smiles of the Lord, it might prove beneficial to the patients. There were about forty unfortunates assembled, and behaved with great propriety ; several of them, of their own accord, kneeling in time of prayer. One female said to Mrs. Wetmore, "if I live to get home, I will crawl on my hands and knees, but what I will go to church." Another said to me, "how good it is to hear of a Saviour we once loved." On my going out of the yard door, one of the men hastily came and took me by the hand, saying, "Mr. Stanford, I thank you for coming here to comfort us." I asked him if he had attended service in the hall ? He replied, "O yes, but then, Mr. Stanford, none can comfort us but Jesus Christ."

In future services in this asylum, I shall think it most prudent to avoid particular reference to the mental derangement of the patients ; as, like unfortunates of other classes, they shrink at being told of their unhappy situation. Still, I considered myself justified in describing their case, and offering them consolation, in this very plain introductory discourse.

J. S.

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## ARTICLE VI.

### PARALYSIS PECULIAR TO THE INSANE.

#### *Paralysie Generale of French writers.*

This alarming affection appears not to have been noticed by the early writers on insanity. Esquirol was the first to call attention to it in his treatise on the *Passions considered as the causes, symptoms and curative means of mental alienations, published at Paris in 1805.*

It seems at first to be a kind of partial paralysis, the earliest symptom of which usually, is, an embarrassment in the motions of the tongue, stammering and indistinct articulation. Patients when first affected by it hesitate and falter before pronouncing certain syllables and letters. The letter R for instance they often find it difficult to pronounce. In the earliest stage we have found patients to say *ole* for *roll*.— Soon there will be noticed some disturbance of the muscles of the face and in a few months a difficulty of moving the extremities freely and readily and finally the whole of the muscular system becomes affected and the patient dies usually within eighteen months after the first notice of the disease.

This singular affection has been well described by Esquirol and more fully by Bayle, Calmeil and Guislain, and more recently by several other writers. It should not be confounded with ordinary paralysis that arises from cerebral



hemorrhage or from ramollissement or tumors of the brain. The Paralyse Generale seems to have a different cause and to arise from a kind of chronic inflammation of the membranes of the brain that cover the superior parts of the brain. This form of paralysis is more frequent among insane men than women, "Eighteen years ago," says Esquirol when charged with the service of the division of the insane at the Bicetre, during the absence of M. Pariset, who was sent to Cadiz to study the yellow fever which was prevailing there. I was struck in comparing the number of men, insane and paralytic, in the Bicetre, and the number of paralytic women at the Salpetriere. The same observation may be made in every establishment into which both sexes are admitted. It has not escaped the notice of Doct. Foville, physician in chief, at St. Yon. Rouen. According to this physician, they amount to one eleventh at the institution over which he presides. Among 334, insane persons who were examined by him, 31 were paralytic, to wit : 22 men and 9 women. At Charenton, the proportion of paralytics is still more considerable. They constitute one sixth of the whole number of admissions. In truth, of 619 insane persons who were admitted during the three years 1826, 1827, 1828 ; 109 were paralytics. But the proportion of men is enormous compared with that of women. Of 366 insane men admitted into the house 95 were paralytics ; while of 153 women, 14 only were affected with paralysis. This complication is most frequently observed among that class of insane persons who have yielded to venereal excesses, or have been addicted to the use of alcoholic drinks ; among those also, who have made an inordinate use of mercury, as well as those who, exercising the brain too vigorously, in mental strife, have, at the same time, abandoned themselves to errors of regimen."

These circumstances explain why it is that there are more insane and paralytic men than women, and why this disease is more frequently seen in asylums for the insane that are in the vicinity of large cities and receive the wealthy and dis-

sipated, than in those remote from cities, and that are filled mostly by the poor and industrious. We think also it explains what we believe to be facts, that there is less of this disease in this country than in Europe, and that it is on the increase. A most striking peculiarity generally noticed in this complaint, is, that those affected by it, entertain the most extravagant notions of their wealth, grandeur and power and do not appear to suffer in body or mind, but continue cheerful and full of hope until they die. But to give our readers an accurate and full account of *Paralysie generale* we will quote accounts of it from various authors, to which we will add a few cases that have fallen under our own observation.

The first published notice of this disease, in this country, was given by Dr. Bell of the McLean Asylum for the Insane, in his Annual Report for 1843. He says,—“That terrible complication of insanity termed paralysie generale, by the French, and of which general paralysis can scarce be deemed a synonyme, since the impairment of the nervo-muscular apparatus forms by no means a prominent symptom as in ordinary paralytic affections, and indeed, for a period in the progress of the malady, scarcely an appreciable manifestation, is one which presents a large proportion of cases in the insane hospitals of Europe.

I have regarded it as a somewhat curious fact, that it is only the last three years that this disease has been admitted to this institution. As late as my visit to Europe in 1840 it was unknown within our walls. Nor after seeing it so often manifested there, can I recall any case in our register which would at all meet its characteristics, rendering it certain that it was not overlooked.

Since that period, however, we have had abundant evidence that it is not a form of disease peculiar to other countries. I find that not less than twelve or fifteen well marked cases have been received, coinciding exactly in mental and physical manifestations with those I saw, and which are so graphically described by many English and continental authors.



The following description from Dr. Conolly's Report for 1844, comprises the essential characteristics of general paralysis :—"Men in the prime of life, intelligent, and of active habits, have perhaps sustained a single attack of paralysis ; a slight impairment of the mind, a slight faltering in the speech, and a little infirmity in the gait, only discovered by those who look for it, are the most prominent symptoms. Yet in all these cases the death-blow is struck from the first. When the previous history of these cases can be obtained, it is usually found that certain changes of character, and disposition preceded the paralytic attack. The individual who was before prudent in his conduct, has become extravagant and speculative ; or after being lively and attentive to propriety of dress and behaviour, has become dull, slovenly, and occasional forgetful of decorum. These changes have gradually appeared for a year or two before disease has declared itself. After a little ebullition of discontent on being removed from their homes, they often become contented and even full of exciting hopes. Sometimes they are fretful, because they cannot carry into effect some project or speculation connected with their former pursuits. But a vague kind of happiness soon succeeds to this state. Their health they say, was never so good, their mind never so clear, their prosperity never so secure. Fits of convulsive character, sometimes decidedly epileptic, often supervene on this state ; and each attack leaves the mind and body weaker, until a paroxysm more severe than common, proves fatal. When this is not the course of the disease, the mental excitement becomes more extreme, and after some continuance, ends in an obliteration of almost every faculty, in which state the patient's life may be prolonged for a considerable period."

"The cases under my care" says Dr. Bell, "have uniformly, with a single exception, been of the male sex, and in almost every instance, in those, who have borne the long continued pressure of unusual business anxieties, either with or without reverses. The form of delusions has almost always borne reference to immense amounts of money, great power

some similar exaltation. No recovery has occurred among them."

The last number of the *American Journal of the Medical Sciences*, for April 1847, contains eleven cases of this disease, admirably and minutely described by Dr. Earle, of the Bloomingdale Asylum, by whom they were observed and treated. We select the two following, the fifth and tenth of the collection.

"CASE.—R. A. was a native and resident of the city of New York. His stature was medium, hair black, eyes chestnut, and temperament almost purely bilious. In youth he was wayward and unmanageable, and in manhood unsuccessful in business, disposed to squander, and addicted to "wine and women." In 1845 he became eccentric, but continued to prosecute his affairs, being in the business of auctioneer, until the last of December, when, having purchased some merchandise, and attempting to obtain possession of it before paid for, by breaking into the room where it was stored, he was seized and confined as a lunatic. On the 31st, he was brought to the Bloomingdale Asylum. He was then under what might be termed a "pleasurable excitement," thinking it amusingly absurd that he should be considered a fit subject for a lunatic asylum. He was emaciated, the skin and sclerotica quite sallow, tongue slightly furred.

After purgation with compound cathartic pills, he was placed upon alterative doses of blue mass, which he took nine days. His tongue was now clean and moist, appetite and digestion good, and the jaundiced aspect of the sclerotica and of the skin had nearly disappeared. He was quiet, and a casual observer would perceive nothing peculiar in his condition, either physical or mental. He was anxious to return to his business; said that his remaining here would subject him to great pecuniary sacrifices; but he was satisfied to submit to the decision of his physician in regard to his leaving. With a good, perhaps an unnaturally excessive appetite, he continued to gain flesh, and in a few weeks



weighed more than at any previous period of his life. His mental condition underwent no very material alteration. He always spoke of himself as an uncommonly good "business man," and at one time remarked, that although he had once failed he had succeeded in re-establishing himself, and was now worth "five thousand dollars." "Had I not been a man of pretty good talents," he added, "I could not have done this." The relation between these assertions and his disease can be understood from the fact, that his endorsers had been subjected to heavy losses on his account; that since his failure he had scarcely supported himself, and that at this time he was not worth enough to pay three months' board at the asylum. Egotism was manifested in all his conversation, and in his manner there was a certain degree of self-satisfaction that bordered upon what is generally termed "swaggering." He joined with other parties in games, but was irritable, and likely to get into disputes with them. Whenever this actually happened, he thought his opponents were always in error, appeared to think that he could not be so, would complain of their abusing him in language, and then turn and abuse them to a greater extent than they had abused him. His rules worked but one way. Now, all this might occur in persons who are not considered fit subjects for an institution for the insane. Hence some of the people concerned in the management of the institution, and who associated daily with Mr. A., believed him to be well within two weeks after his admission. But Mr. A., from the time of coming to the asylum, did not speak with perfect distinctness. There was a hesitation of expression, a mumbling of some words, and a dropping of the final syllable, of others. Yet even here a superficial observer would have perceived nothing wrong. The patient talked as well as many people whose speech is unaffected by disease. Again, notwithstanding his professed anxiety to return to business, and his impatience of detention, he acquired, as before stated, a weight of body to him unprecedented. And further, there appeared to be a general mental apathy—not,

however, so great as to be perceived but by constant and prolonged observation. All these circumstances and symptoms, combined, led me to believe that the patient was incurably insane, and, in answer to a man who remarked that he thought Mr. A. perfectly well, to express my opinion that he would never again be able to attend to business, that he would become a violent maniac, with extravagant ideas of wealth and station, and finally die of *paralysie generale*.

A few weeks after this, and on the 7th of March, Mr. A. was seized with a slight numbness of the right arm and leg, the former being more affected than the latter. It lasted but a few minutes. On the 10th he was again similarly seized, the numbness extending to the tongue, which it so far affected that he spoke with very great difficulty. These attacks were treated by cathartics, and free cupping on the back of the neck. He never had a subsequent attack that came to my knowledge.

In the latter part of April, his friends determined to take him home, and permit him to recommence business. Accordingly he left the asylum on the 1st of May.

About ten days afterwards, he called at the asylum in my absence, and left a note for me, by which I perceived that his writing was much poorer than formerly. The letters were much more imperfectly formed, and the lines more irregular. This I considered as a convincing proof that his disease was progressing.

*May 23d.* Mr. A. was readmitted, a turbulent and violent maniac, shouting and tearing his garments to tatters, yet happy in the idea that he was Vice President of the United States, and the possessor of unlimited wealth. He was much emaciated, pale and haggard, his eyes glaring with the height of maniacal expression. Pulse rapid and bowels costive. Speech more imperfect than when he left the asylum, and a very apparent instability and faltering in his gait.

He was freely purged with calomel and jalap, followed by senna tea, large doses being required to affect his bowels.



Soon afterwards a typhoid condition of the tongue supervened, which was relieved by the use of a julep, consisting of aqua camphor, tartarized antimony, and a small quantity of laudanum.

He still continued under high excitement. This was subdued by a mixture of ex. hyoscyami, tinct. camphor, and tinct. assaf.

The bowels were at all times costive unless under the influence of laxatives.

By the tenth of June he had become comparatively quiet but continued to emaciate, and his intellectual faculties were almost entirely destroyed. The appetite being poor he was put upon the use of a tonic vegetable infusion.

*July 19th.* Emaciation excessive. his weight probably not exceeding eighty pounds. Pulse 112; tongue slightly furrowed but moist; appetite poor; bowels costive, never being moved but by cathartics. Pupils of equal size, but quite small. A slight discharge of purulent matter from the nostrils. Gait faltering; a general defection of muscular action in all the limbs, as well as in the organs of speech. He says he is worth twenty-eight millions of dollars, and weighs twenty-eight hundred pounds. Notwithstanding his feebleness, when left at liberty he is "full of mischief," displacing every movable upon which he can place his hands.

*July 1st.* All his symptoms have increased. It is with difficulty that he rises from his bed, though he still sits up most of the day.

The left arm, leg and cheek are slightly paralyzed; tongue and lips drawn somewhat towards the right side. No œdema. General sensation much impaired. He says he is worth five hundred millions of dollars, and can run a mile in four minutes. Everything around him appears gorgeous. His clothes are splendidly decked with diamonds, his bed and the walls of the room ornamented with gold and various precious stones.

Under the use of small doses of quinine his appetite was restored, but the nutrition afforded by digestion was insuffi-

cient to prevent emaciation. About the middle of July, his feet became œdematous, and continued increasingly so until his death. Nearly the same time he was attacked with diarrhœa, which also persisted until he died, being several times temporarily subdued by medicine. On the 26th of July, general sensation had become so obtuse that he could not feel the most severe pinch upon any part of the body or limbs. Taste and smell were also apparently destroyed. The partial paralysis of the left side, mentioned on the 1st, had become less apparent, though the general defection of muscular action remained undiminished.

*Aug. 14th.* Feet very œdematous, hands somewhat so. *26th.* The diarrhœa has worn much upon him during the last few days. He is extremely emaciated, and is very filthy in his habits, as he has been for several weeks past. The right arm is almost completely paralyzed, and the right leg partially so. He is not, and has not been, sensible of any pain; says he has everything he wants, and is perfectly happy.

The cuticle of the left leg, throughout a space of about six inches from the malleoli upwards, is detached from the dermis, which, with the subjacent flesh, is very dark colored, and appears as if about to slough.

*Aug. 27th.* The patient died.

*Autopsy fourteen hours after death.*—Head. Integuments devoid of blood, and pretty closely adherent to the cranium, which is very hard, of rather more than ordinary thickness, and contains the usual normal quantity of diploe. The courses of the blood-vessels are not preternaturally deep upon its inner surface. It adheres pretty strongly to the dura mater, but is removed leaving the latter in situ. The dura mater adheres, by filaments, to the subjacent membranes in several places on the superior surface. Upon a space three inches in length, and from half to three-quarters of an inch in breadth, on each side of the longitudinal sinus, along the vertex, the adhesion is so intimate and strong, as to be separated only by dissection. Over the sulci, the



arachnoid is elevated by intermembranal effusion. These are mostly on the summit of the middle and posterior lobes and beside the medium line, on both hemispheres, where the adhesion to the dura mater was the strongest.

All the blood-vessels are anormally injected, the veins more so than the arteries.

The arachnoid and pia mater adhere to each other in all parts, excepting the spaces over the sulci. The pia mater adheres, by numerous small filaments, to the brain. The whole mass of the brain is moist, as if œdematous, and apparently softer than natural. The cortical substance is apparently of the ordinary quantity and color. The medullary matter is of rather a dingy white, and upon being cut, the surface of the section is strewn with numerous bloody points. The lateral ventricles are distended with serum. The pineal gland contains four particles of calcareous matter, two of them of the size of an ordinary pin's head. The fornix and its adjacent parts, including a portion of the corpora striata, are much softer than in health.

At the base of the brain there is some serum, and the dura mater, in some places, is attached, by filaments, to the other membranes.

The arachnoid is slightly thickened. It is thickened and semi-opaque over all the surface of the cerebellum, which organ is softer than the cerebrum.

The whole quantity of serum in the lateral ventricles, at the base of the brain, and between the membranes of its superior and lateral surfaces, was about four ounces.

CASE.—S. W., a native of New York City, with hair and eyes nearly black, and a sanguine bilious temperament, being married and engaged in a lucrative retail business, became insane at the age of 33 years. He had previously suffered from dyspepsia, from which he had recovered. The first evidences of mental disorder were inattention to business, and an inability to understand the true value of his articles of merchandize. These were soon followed by extravagant

ideas of wealth, and schemes as absurd as magnificent for the increase of his fortune.

On the 17th of January, 1844, a few weeks after the first manifestations of mental disease, he was brought to the Bloomingdale Asylum. His pulse was frequent, tongue furred, bowels regular. Some headache.

During the first few weeks his habits were very filthy; the urine and faeces being passed in his bed at night, and in his clothes during the day. He perceived and acknowledged this defect, but could not amend. He was treated with cathartics, followed by tonics; and an occasional opiate, as he was wakeful and noisy at night.

On the 1st of April, when I became connected with the institution, he was much as before described, except that his habits in regard to cleanliness had improved. He was merry, talkative, frequently singing, writing an abundance of what he called poetry, and engaged in the composition of a biography of his father. A specimen of his "poetry," included in a letter to his wife, will exhibit the condition of his mind, and obviate the necessity of making any extracts from the "biography."

*"Bloomingdale Asylum.*

"DEAR WIFE—It was only yesterday I wrote to giving the the letter to Mary to place in the Post office to be forward to you at & at the care of your dear father. I hope you have received it with many others that I have sent you to inform you that my love for you is still & strong as ever it is and I know will continue so until death seperates us so do not delay in answering the many epistles & letters I have written to you for you cannot imagine how happy to define my mind and love of duty defined in truth and purity coerced in native truth, devised in native love and duty edified by hope and purity described in mind & qualified in kind santioned in love & piece and duty to truth f defined in Beauty nullified in kind elevated in mind truth defined in love defined in truth & hope edifying me.



"Poetry to — my dear wife  
 Dearly do I love this mind  
 So kind in duty allied to mind  
 Elevated in hope & truth allied to youth  
 Sanctioned in hope and purity edified  
 In sanctioned in kind & hope & purity  
 Fortified by hope & truth annelled by hope  
 Defied in truth & mind seduced in hope  
 And kindness edified in hope & hope eradicate  
 For truth enlivens the mind to duty & kind  
 For truth and purity is defied  
 In mind and truth qualified in truth  
 Sanctioned in the mind with duty allied in mind  
 Well qualified with truth & mind  
 Coerced in truth & duty thus denied."

Under the use of conium and iron, his appetite increased, and at length became voracious. He gained flesh rapidly, and became plethoric. His habits improved, and in June, he kept himself genteelly dressed, and would converse very rationally upon many topics. Meanwhile he continued his poetical compositions, and indulged in all kinds of extravagant schemes connected with wealth and traveling. Sometimes he was about to build a ship for his private use ; again he was going to sail "to-morrow" for the Mediterranean—rich as Cræsus.

In July he began to fail. He lost flesh suddenly, as if it had been œdema ; general sensation became impaired ; when walking his limbs would suddenly give way under him, and he would fall nearly to the ground before recovering himself. The pupil of the left eye was twice as large as that of the right eye. His compositions became, if possible, more incoherent and devoid of sense ; his handwriting, originally very good, gradually depreciated, grew less and less legible until it became nothing but a succession of waving marks, thus ~~~~~~. He wrote long letters to his friends in this way, believing them to be written perfectly well. His speech became much affected, many syllables, and occasionally a whole word being dropped, and frequently, in attempting to speak, he hesitated until, by a vigorous and prolonged effort of volition, he was enabled to begin.

As the disease progressed, he occasionally became violent, when he broke glass and furniture. At times it appeared as if he were blind, as he would run against the sides of the room as if there were no obstruction there. Being in the yard, he attempted by a single leap, to clear a ten foot wall—everything, in his estimation, being within the limits of his power. In this attempt, however, his face hit the side of the wall, and the concussion was such as to separate, to a considerable distance, the *ossa nasi*. The integuments covering them were also divided. His system was in such a condition of cachexy that this wound was followed by inflammation, suppuration, and erosion of the soft parts, until there was a large opening into the nasal cavities.

His feet and legs became œdematous; he lost his appetite and emaciated rapidly. The slightest abrasion of skin was followed by deep, incurable ulcers. His language was obscene. He felt perfectly happy, and was richer than at any previous time. Millions of dollars in stocks, were in his possession, and innumerable houses and lots in New York, to say nothing of countless bags of gold.

In August he was removed from the asylum, but his friends found him so unmanageable that they brought him back, after being absent but about a week.

His disease progressed apace. Ulcers, without any previous wound or abrasion of the skin, came out in all parts of his body and limbs, and, sloughing, left the tendons, ligaments and bones perfectly bare. The whole of the sacrum was thus exposed, and the glutei muscles became mostly detached, so that they could be lifted from the bones beneath them. All the tissues of the body seemed degenerated. A foul pus was constantly running, not only from the ulcers, but from his nose and ears. He died on the 3d of September, the most nearly a complete mass of corruption that I have ever seen, at the time of death.

His fancied wealth continued to the last, and nearly every morning he expatiated upon the great speculations he was going to make “on change” during the day.

No autopsv.”



In most cases, the paralysis does not commence until after the appearance of insanity, and often not until the derangement of the intellect has existed for a year or more. In some very rare cases, the paralysis precedes the insanity. But it should be borne in mind, that although this affliction is said to be *peculiar to the insane*, that this is not strictly correct, as a similar form of general paralysis has sometimes been noticed in those who have manifested no symptoms of insanity, either before or after the paralysis. We have seen several such cases, and apprehend they are not *extremely rare*.

General paralysis is usually considered an incurable disease. This is not, however, exactly correct. Esquirol mentions three instances of recovery, and Calmeil two. The following case, had it proved fatal, we should have regarded as a case of this disease.

A. N., aged 60, was admitted as a patient to the New York State Lunatic Asylum, December, 1844. He had then been deranged one month, in consequence of great excitement of mind on religious subjects, and attending numerous meetings night and day. On admission, was much excited but not violent, and entertained extravagant ideas of his power and influence, and purposed to collect together all mankind, and march to Jerusalem.

*February.* He complained of vertigo, and soon a difficulty of articulation was noticed, and a slight paralysis of the right hand and leg. The paralysis increased so as to confine him for the most part to the bed, and the urine passed involuntary. Blisters were applied to the neck, the bowels moved by castor oil and oil of turpentine, and recourse was had to Electro-Magnetism.

*April 1st.* No better. Put on the use of strychnia, and in the course of the month began to improve, gradually regained the use of his limbs and the power of articulation, and also became rational, and the 27th of May, left the asylum well.

A similar course of treatment we advise in general paralysis, though in no other case have we seen any particular benefit arise from any treatment. Especial attention is necessary to prevent faecal accumulations.

According to our observation, this disease is more frequent of late than formerly. We saw but one case during a residence of several years at the Retreat for the Insane at Hartford, Connecticut, while at the New York State Lunatic Asylum, there have usually been for a few years past, five or six cases in the various stages of this complaint.

One which has recently proved fatal, we subjoin.

E. S., aged 40, native of Ireland, laborer and unmarried, was admitted to State Lunatic Asylum, November, 1846. Had been deranged ten months. Supposed cause, ill health, for which he had been bled three times, taken much mercurial and other medicine before he became deranged. The first indications of insanity, were unusual talking and boasting about his business, and irregularity in attending to it. Soon after he began to complain of his head, and thought his friends and neighbors were seeking opportunities to take his life.

He traveled about, and threatened the lives of others. Once attempted to kill his sister with a knife. After this he was kept closely confined, until he was brought to the asylum. Insanity was not hereditary in his family. When first admitted, his bodily health was represented to be good, he eat well, but slept poorly, was noisy and some violent. He soon was noticed to act and talk much like a man a little intoxicated, his gait was unsteady, and his language indistinct. His mind wandered very much, he thought himself in Ireland, and patients around him his relatives, and addressed them as such. Was put on the use of tonics and morphine, and improved some, apparently gained strength, and slept better.

*January, 1847.* No particular change, the paralysis has rather increased.



*February.* Is unable to walk, still thinks himself in Ireland, and is noisy at night.

In *March*, his relatives came to see him. He said he knew them, but could not call them by name, told them he was perfectly well.

*April.* Extremely feeble, unable to raise himself in bed, much emaciated, with difficulty understood when he speaks, yet he always answers *cheerily* that he feels well, and seems not to suffer in the least.

The most remarkable symptom was his utter unconsciousness of suffering or of being sick.

Died on the 11th of April.

*Autopsy twenty-four hours after death.*—Integuments of head bloodless, cranium unusually dense, and almost entirely destitute of diploe. Dura mater natural or nearly so—not adherent to the cranium nor to the arachnoid membrane, but on raising it there appeared spread out on the middle and anterior lobes of the cerebrum, two sacs partly filled with fluid, that on the left hemisphere being the largest; these sacs simply lay on the hemispheres without the least attachment, but were attached slightly to the dura mater at points along the longitudinal sinus. These sacs contained about four ounces of a thick dark red fluid, and shreds of membranous matter. They seemed to be simply the lamina of the arachnoid much thickened; they were rather soft and easily torn. The cerebral substance was firm and much compressed, being far from filling the cavity of the cranium after the removal of the membranes; the lateral ventricles were small and distended, containing about the usual quantity of serum. About one and a half ounces of serum ran from the vertebral column. The sinuses, and the veins of the cerebrum were large and filled with blood.

Among the cases now under our care at the New York State Asylum, are the following.

Mrs. T., a widow, admitted to the Asylum, April 1844, aged 38, having been deranged about one month.

Great success in business in a southern city, and the anticipation of becoming very rich, seemed to have caused the mental derangement.

The following letter written soon after her attack, exhibits her state of mind.

DEAR FRIEND—I write you for advice and assistance. I am about to free all the slaves. Our Heavenly Father says it shall be so. He has put me in possession of a large income which I give to buy the slaves their freedom. My dear sir, the Lord has appeared to me in all his greatness, says I shall be Queen of the Americans by the 25th of this month, and that all the slaves shall be set free at that time. This I firmly believe in my own heart, as our blessed Saviour promises me he will come on the earth at that time, and reign with me. I don't know why such a woman as I should be chosen from all the world. The prisoners shall all be set free, and all go to work to build a large city, commencing at my —— favorite spot. The houses will all be most magnificent, schools, academies and colleges, in abundance. There will then be no murders, swindling or forgery, and no one shall want for anything. Write to me soon, call me *Victoria Washington*.

She remained without much change in her condition either as regards her bodily or mental state, until January, 1845, when she exhibited symptoms of General Paralysis.

Her walk became unsteady as if feeble, her manner was hurried, and articulation a little impaired. Says she owns the building and the whole world. In June 1845, she was removed by her friends, and remained with them until April 1847, when she became extremely anxious to return. On readmission she was not able to walk, and articulated with difficulty, but in a very happy state of mind; has no suffering, and considers herself the Queen of the world. No particular change has since occurred in her condition.



Mr. H., aged 65, admitted to the Asylum April, 1847. Been deranged one year. Supposed cause, loss of property preceded by intemperance. Was at one time a man of wealth, and for several years Mayor of one of the cities of this State. Bodily health on admission apparently good, eats and sleeps well, but he exhibits the premonitory symptoms of General paralysis. His articulation is imperfect, he hesitates and stammers, and can not pronounce the letter R, when it begins a word. His walk is slow and unsteady, mind very feeble, but he is cheerful and happy, and when asked how he does, invariably answers "very well, and I have caught more whales last night than you ever see,"—indeed his principal talk is about catching whales. It is said he once owned a whale ship.

He also claims to be the richest man in the world, and nothing can be mentioned that he does not say is his.

The following is a specimen of his conversation. How do you do? "Very well I thank you, I've killed a great many whales.—Have had better luck than any any other man living catching whales—when others slept, I was wide awake. I always had a propensity to have a great house, and it turned out so exactly, I have the greatest house in the union." Do you suffer pain? "No, I get shaved once in awhile by a good hand, but I have a particular man to do it, always when I am whaling." Have you any family? "Yes, 500, oh, it is a large one—I hope to have the pleasure of seeing you at — House, which we erected some years since at the largest prices,—I have a full set of whaling tools."

This patient still preserves the manners of a gentleman, but we regard his case as hopeless.

## ARTICLE VII.

## CASE OF RECOVERY FROM MANIA,

*And other violent Nervous Symptoms, following upon the Bite of a Mad Dog.* by J. O. PEMBERTON, F. R. C. S. I., Ballinrobe.

On the 16th of February, 1842, a woman named Bradley called on me to visit her daughter, fourteen years of age, who was very ill, and, as she said, "out of her mind."

The history she gave me, was, that about a fortnight since she became dull and heavy, wished to be alone, and was constantly muttering to herself; became fretful and peevish, easily irritated, and would not bear the slightest contradiction, or do anything she was desired, except what she liked herself, (although previously submissive and obedient;) became jealous of her brothers and sisters if she saw the slightest attention paid them; lost her appetite, and would not eat more than a few cold potatoes, which were put by for her after the family meal, as she would not join it, and eat when she supposed no one was watching her. In this state she continued, daily growing worse, talking more audibly to herself, and praying with the greatest fervor, and then suddenly throwing whatever came next to her hand at her brothers and sisters, to whom her dislike had increased; she continued daily growing worse, becoming more peevish and irritable, with a greater desire to injure those near her, and from penitence and prayer she began to curse and blaspheme. At length she became so furious and dangerous, endeavouring to bite every one that came near her, and beating (whenever an opportunity occurred,) or throwing whatever she could find at the other children, that she had to be tied, to prevent her doing mis-



chief. A relative of hers, a stout young man, of whom she appeared to be somewhat afraid, had to be constantly near her, night and day, to control her, and to tie her when necessary. Her memory was perfect, as she knew any of her neighbours who came in to see her. Such was her state when her mother came for me. I found her greatly emaciated, her eyes blood-shot, and staring with a peculiar wildness of expression; her mouth full of saliva, thick viscid and tenacious, and hanging from the angles of her mouth; from this she endeavored to free herself by spitting, when her hands were tied, but could not, from its tenacity, and the rapidity with which it accumulated. When her hands were free, they were constantly put up to her mouth to remove it, and then she flung it at whoever was next to her: she talked and cursed without ceasing. I attempted to feel her pulse several times, but she endeavored to bite me each time I tried to do so; at last I had her held, but her struggles were so great I could not measure it with accuracy, but think it ranged from 140 to 150. I shewed her my watch, but she turned away her head, and would not look at it; I then desired some water to be given her, which was handed to her in a shallow wooden cup, which with some difficulty she took, looked at the water for some time, every limb trembling, and, on being desired to drink it, she put both her hands to the vessel, gazed with knit brows and fixed eyes at the water, and then (still being pressed to drink it,) with a sudden effort gulped some of it down, and threw the vessel away, after which she staggered, appeared quite exhausted, and had to be supported. On questioning her mother if she was aware of any accident or injury having happened to her daughter previously to her getting into this state, she told me that about six months before she had been set upon by a dog which seized her, and bit her in three places in the left leg, and in the inside of her right arm, out of which latter place he took a piece of the flesh, leaving a large wound of the size of a crown piece or more; that she brought her to a medical gentleman in town who dressed

the wounds ; that she had the dog drowned, and, after an old custom, had the liver taken out and a piece of it applied to each of the wounds ; that about four months elapsed before the wounds were completely healed ; that she was always a healthy child, and never complained of any illness. either before or since she was bitten, until her present attack, and that she was always dutiful and obedient until now ; she has not slept for the last three or four days.

I had the head shaved immediately, cold lotion applied to it, and a blister placed on back of the neck. A tartar emetic mixture to be administered every three or four hours. and four grains of calomel to be administered three times a day.

18th. Had about half an hour's sleep last night ; not quite so irritable, but still talking and cursing ; took but one powder ; took the mixture occasionally only ; and as the mother gave it in double quantity, on account of her not taking it at the stated intervals, it produced sickness of stomach and vomiting ; her bowels were moved twice ; would not put out her tongue, or do anything she was bid : to continue the calomel and tartar emetic.

19th. Had more sleep last night than she has had for a fortnight before ; appears better ; eyes not so wild or staring ; still talking, and scolding rather than cursing, but not so violent or irritable. Her mouth is not quite so full of saliva, but still she has to remove it with her fingers ; it does not now appear hanging from her mouth as before, nor is it as viscid. The tartar emetic mixture was given her in double quantity again, which induced vomiting. Once only I gave her some water to drink, to which she evinced some dislike, but took a little of it. Pulse 120 ; bowels freely acted on. To have the medicine repeated.

20th. Appears much better this morning ; slept for two hours last night, and does not talk near so much as usual : saliva not so abundant, nor so viscid ; her countenance appears much improved ; her eyes have lost in a great degree their suffusion and wild expression ; has still a great dislike



for food, but takes more nourishment than she has done for some time, and took a little whey during the day ; also her mixture more regularly, which acted well on the bowels ; pulse 100 and full.

21st. This morning appears much improved in every respect ; slept a good while last night, and is much more easily managed ; saliva not so abundant, neither does she talk so incessantly ; took more food yesterday than she has done for some weeks, and from her mother : has lost in a great degree her dislike to her friends and relatives, neither has she now that great desire to injure them ; does not curse now ; bowels moved twice ; pulse 100. To continue the tartar emetic mixture.

22nd. Much better this morning ; slept quietly for some hours last night ; is much more easily managed, and has not the same dislikes ; uses more solid food ; countenance more natural, and the suffusion of her eyes gone ; took her mixture regularly ; pulse 90, and fuller. To omit the calomel, but to continue her mixture.

23rd. Still improving : has slept a good deal since yesterday, and is much more quiet and rational ; does not speak with the same volubility, and has entirely ceased to swear ; has taken food during the day ; saliva lessened in quantity, and more natural ; has lost all her propensity to mischief, and has become reconciled to her brothers and sisters. Pulse 90, fuller and softer ; bowels moved three times. To lessen the amount of tartar emetic.

24th. Continues to improve rapidly ; has slept during the day and night ; is altogether much easier, and talks less ; asked for some food, which she eat with an appetite ; mouth almost free from saliva ; has spoken kindly to her brothers and sisters. Pulse 80, full and soft ; countenance natural ; bowels free.

Not to prolong the details of this case further, I may mention that from this time she rapidly recovered. In four days after this every symptom of the malady had disappeared, except great bodily weakness. I saw her a few months

since, a fine young woman, and in the enjoyment of perfect health. I asked her mother if she ever alluded to her former illness, when she told me she never did, nor did she like any allusion to be made to it.—*Dublin Quar. Jour. Med. Science.* February, 1847.

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## ARTICLE VIII.

### CRIME AND INSANITY.

#### *Medical Witnesses, &c.*

We presume few will deny that criminal conduct is sometimes the consequence of bodily indisposition. There are not many individuals but have experienced a change in their own temper and propensities by disease. Often a little disorder of the stomach or a headache will transform a good natured benevolent man into a morose and selfish one. Such instances enable us to comprehend how a more serious or different form of disease, one affecting the brain, the very instrument of the mind may not only change the disposition and character of an individual, but deprive him of the power of self-control, and even impel him to the commission of the most heinous acts. Cases of this kind are unfortunately but too numerous, in which a little disease of the brain, or an accidental blow of the head, is known to pervert all the best principles of the human mind, and to change a pious Christian to a drunkard and abandoned felon.

Some of the unfortunate subjects of epilepsy are often prone to evil conduct at certain periods of their disorder. They are for awhile veritable monomaniacs, and not unfrequently dangerous ones. But at other times, and for many years in succession, the same individuals are entirely rational.



Cases of this kind, in which disease of the body impels men to the commission of crimes, have not been observed and studied with care until quite recently ; and even now many persons otherwise well informed, have but little correct information on this subject. Hence, when the plea of insanity is interposed to save a person from punishment, we find courts and juries oftentimes much embarrassed for want of knowledge of the various forms of insanity, and at the same time they are liable to great error from supposing themselves qualified, from having seen a few maniacs or crazy persons—to determine the mental condition of all others.

In most cases, however, when this plea is introduced into courts, medical witnesses are called upon, and there is scarcely any more delicate or important duty that a physician is required to perform, than that of giving his opinion as to the insanity of certain individuals.

Sometimes he is called upon when a fellow creature is on trial for his life, and his opinion may have the effect of prolonging it, or of ending it on the scaffold. In other cases his opinion is sought as to the competency of certain individuals to dispose of property, and he may by his testimony do great injury to many individuals, or on the contrary, benefit many.

It becomes every physician therefore, to thoroughly qualify himself before giving an opinion in such cases ; and when he has thus qualified himself, and obtained all the information to be had on the subject, he will, we are confident in many cases, feel that he ought to speak with great caution.

We are fearful that some physicians have too great confidence in their ability to determine, from a few facts, whether a person is insane or not—or at least they are ready to give a very positive opinion. Some having seen or read of many remarkable cases of Monomania, of Delusion, of Hallucination, of Somnambulism, or other forms of mental disorder, are disposed to interpret by the aid of facts thus presented, many that are connected with criminal conduct.

Not unfrequently it is extremely difficult to determine at once whether an individual is insane or not, and it is much to be regretted that the courts of our country do not in such instances grant more time for the examination of the alledged lunacy. Sometimes several months of careful observation are often necessary, and in France this method is adopted in important and questionable cases. In all such cases, the history of the individual should be carefully traced, his habits ascertained, and also if any hereditary predisposition to insanity exists in the family. If subject to epileptic fits, or had previous attacks of mental disorder, or hypochondriasis, or hysteria. Whether he has of late been sick, or unusually elated or depressed, or noticeably changed in mind or manners. It is rare that the commission of a heinous act is the very first evidence of insanity, though there may be such cases; but usually there will be found on careful inquiry, some other indications of the approach of this disease.

But on the other hand, some physicians having read but little on insanity, yet having seen a few cases of mania, are ready to pronounce many laboring under monomania, of peculiar delusions, but who usually conduct with propriety, and converse rationally on most subjects, to be perfectly sane.

All extremes, and all extravagant, hasty and positive expressions of opinion should be avoided. It is not correct to regard all criminals as insane, as some, influenced by an excessive philanthropy seem almost disposed to admit—nor to reject all imputation of insanity as some do when the derangement is so isolated that reason apparently preserves its integrity. When summoned to offer his opinion on the mental condition of a man accused of murder or other crime, the medical witness should never lose sight of the two great interests he has to shield; that of society, which reasonably demands the just punishment of undoubted criminals; and that of humanity, which claims with equal justice the acquittal of those unfortunates whom insanity alone has armed with the assassin's weapon. Deeply imbued with these sen-



timents, and faithful to his duty, he should proceed conscientiously to the investigation awarded him, and after devoting himself to the scrupulous examinations which science requires, must unhesitatingly announce his conclusions concerning the prisoner, whether they prove favorable or calamitous to his cause, or whether they are in accordance or not with popular opinion.

We have endeavored by means of the *Journal of Insanity*, to enlighten the public and the members of the medical and legal professions, by submitting to their consideration numerous and unquestionable facts relating to the jurisprudence of insanity. To make known to them the actual state of science on this subject, in order that the innocent may be protected, and the guilty not escape punishment.

The revised statutes of this State, declare that "no act done by a person in a state of insanity can be punished as an offence, and no insane person can be tried, or sentenced to any punishment, or punished for any crime or offence while he continues in that state."

With this wise provision of the law we are satisfied, but we wish it to be correctly administered, and not set aside or interpolated by reference to what may happen to be deemed for the time the common law of England.

With a plain statute on this subject in this State, we question the right of a Judge to instruct the jury as to the law, differently from what the statute directs, and especially do we question the propriety of his telling them that what he considers the common law of England, is to be their guide. What is the common law of England on this subject? Let one of the most learned and experienced of the law makers of England answer.

Lord Campbell, in a recent debate in the house of Lords, after alluding to his "very long experience and very long attention to this subject," said, "he had looked into all the cases that had occurred since Arnold's trial, 1723, and to the directions of the judges in the cases, of Lord Ferrers, Bellingham, Oxford, Francis, and McNaughton, and he must be

allowed to say, that there was a *wide difference both in meaning and in words in their description of their law.*" *Hansard's Parliamentary Debates.* Vol. lxvii.

After such a declaration respecting the law in England, it is singular indeed for judges in this State to instruct juries, not in the words of our own statute, but according to what they may suppose to be the law of England, and to establish as a test of insanity, "inability to distinguish right from wrong,"—a test alike unknown to our statute, and to truth and justice.

But, say they, the statute does not define insanity, it does not say what it is, and we can not trust to the common sense and intelligence of the jury to determine what it is, even if aided by the testimony of medical men, and those practically acquainted with this disease, but we must go back and ascertain what a certain set of men who lived centuries since in an ignorant age, and who knew nothing of insanity, thought to be its symptoms and nature, and whatever they thought and said on this subject, the *jury must receive as law.* Surely this passes even beyond absurdity.

But as we have said, many cases of alledged insanity are extremely embarrassing, and we fear we shall never be able in this life, to distinguish with perfect accuracy in all instances, those who commit crime from depravity, from those who are impelled to it by diseased impulses and delusions.

The following case we think, is deserving of attentive consideration.

N. Y. was brought in irons to the New York State Lunatic Asylum, Oct. 1845, aged 25, farmer, and unmarried. He had been considered by some as partially insane for years, but by most persons was deemed a wicked, bad man. He had long been noted for irritability and violent temper, and had lived of late much alone, because other people did not cook right, and as he believed, poisoned his food. Finally he armed himself, and threatened to kill certain individuals. A warrant was obtained against him, and he vio-



lently assaulted the officer that attempted to arrest him ; was tried and acquitted on the ground of insanity, and sent to the asylum by the court.

On admission his general health did not appear to be good ; he eat but little and slept poorly. He soon however began to improve on a regulated diet, and in a few months appeared to be well, but in a short time he began to be suspicious respecting his food, thought that injured him, and that it was poisoned, and wished to be changed to another part of the asylum. On removal to another hall he became more contented, and again appeared for a short time to be well, and thus he continued, alternately complaining of his food being poisoned and distressing him, and then appearing to be rational and well, until January, 1847, when he became much more feeble, a cough supervened, he had difficulty of breathing and distress of stomach, vomited occasionally, became much emaciated, and finally died May 1st, 1847.

On examination after death, the right lung was found much diseased and tuberculous, the stomach thinner than natural, all the mucous coat in places softened, and in others red, presenting the appearance of long continued disease.

The brain appeared natural except the investing membranes were much injected, and in the anterior portion of the falx cerebrum, near its attachment to the crista galli, a rough spicula of bone was found an inch and a quarter in length, and half an inch wide and thick, also a smaller one projected inwards from the skull, and there were in the inner table of the cranium, several holes the size of small peas. Evidently there had been long continued irritation from this unnatural and diseased condition of the inner table of the cranium, and we apprehend it gave rise to the irritability and violence of temper long manifested by the patient, and which finally terminated in unquestionable insanity. Whether the disorder of the stomach was the consequence of the affection of the brain or not, we can not say, it evidently had an influence upon the character of the delusions of the individual.

## MISCELLANY.

INHALATION OF THE VAPOR OF SULPHURIC ETHER IN CASES  
OF INSANITY.

We have administered the vapor of Ether to sixteen different patients at the New York State Lunatic Asylum—viz, to fourteen men and to two women.

Some have taken it but once, several have taken it three or four times, and a few eight or nine times.

The cases in which we have used it have been various. Some were cases of melancholy and of religious despair, others were affected by various insane delusions and hallucinations, and some belonged to the demented class. To none highly excited or maniacal have we as yet given it.

Some were not affected at all by it. One man and one woman inhaled it for more than ten minutes without experiencing the slightest change of feelings. Several seemed intoxicated, and said they felt as if drunk. One who had slept but little for several nights and who usually slept poorly, rested remarkably well the night after taking it and said he must have taken a large dose of opium.

Some have appeared better since they commenced taking it, been more active, cheerful, and sociable. One who has taken it nine times seems considerably improved. He was previously dull, inactive and unsocial, and his pulse but 48 in a minute. Since the use of the ether his pulse has increased to 66 in a minute. He is now cheerful and sociable, and works some. He says he is better and thinks the ether has benefited him.

A few were highly excited by it. One man who was in a state of religious despair, after taking it awoke as from a terrific dream, and in a most violent rage seized the person



who administered the ether. He afterwards said that he at first dreamed he was in hell and that taking the ether had sent him there, and hence his rage and violence against the operator.

When this excitement abated he seemed extatic with delight on account of the visions he had seen and the revelations that had been made to him. "I floated away," he exclaimed, "in infinity of space," I have seen a future world, what I have seen has proved the dogmas of religion, unless a man comes up to an iota, it is over with him." He said he felt "convinced of the truth of Newton's theory of the Solar System as he saw the planets revolving in the order and way pointed out." When fully recovered from the effects of the ether, he recollected the assault and begged forgiveness.

Some were pleasantly excited after using it. One danced. Another, when asked how he felt, after awaking from a short sleep, replied, "exactly exactly neat, by jingo—I never felt better in my life than I do now. I thought I was in Heaven then in Hell, then at the Judgment and then at School, I must have slept two hours." Another when asked by a patient to tell him what his feelings were, said "he felt like a kind of airy nothingness, as if he could fly." To none has it proved the least injurious, and we are rather favorably impressed with its use, though we do not expect any striking remedial effects from it. We shall however continue our inquiries, and shall endeavor to ascertain if there is not some class of the insane to whom it is especially useful.

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#### INSANITY IN CHINA.

The following interesting note respecting Insanity in China we have recently received from the Rev. Mr. Williams, of New York, who resided in that country for about twelve years.—*Ed. Jour. Insanity.*

Insanity is called *tien* by the Chinese; the composition of

the character denoting that the man is "upside down sick." It is not common among them. I have seen only two instances during my residence in that country. One was a woman, who was allowed to go around the streets at her will, for she was not so crazy that she did not know what she was doing, she was quite boisterous and merry. The other case was a man about 35, he was silent and moody, but when I saw him not furious, though he was kept bound in such an irksome position that a sane man would have gone mad with vexation. He was kept in a hut and fed regularly. I was unable to learn what causes had induced the disease in these two persons, nor did I hear anything of their subsequent history, or whether any means were taken to cure them. The Chinese have no hospitals for insane people, nor do they hold them in superstitious dread, or suppose them to be the abode of spirits or demons, as the Mahomedans do. Cases of furious madness are probably hardly dealt with, from fear of what they may do to those around them, and consequently are soon released from suffering.

Dr. Hepburn, who had the care of a missionary hospital at Amoy, for a year and upwards, tells me no case of Insanity presented itself at the hospital while he was there, nor did he hear of any one afflicted with it. The reports of the other hospitals contain no instance of Insanity, although idiocy and epilepsy have been brought to the institutions, and there is no assignable reason why Insanity should not also have come to the notice of the physicians in charge, if cases had existed.

Staunton says, those affected with goitre are often reduced to an idiotic state, and are regarded with veneration and their persons considered as sacred, but I doubt this very much. The cause of the malady may not be known to the people in those uplands where it occurs, but it is too frequent for the sufferers to be regarded as peculiarly sacred. The care of friends and respect of beholders, to the unfortunate beings may be great, without partaking aught of a sacred or



From a remark in Turner's Embassy to Tibet, it appears that insanity is unknown in that country, so far as his inquiries went.

The people of China do not live in that fever of excitement we do, are not fed so high with stimulating meats and drinks, and suffer little from mental diseases.

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#### ASYLUMS AND SCHOOLS FOR IDIOTS.

Dr. Backus, of Rochester, Member of the Senate of the State of New York, continues to urge upon the Legislature the propriety of establishing an Asylum and School for the Idiots of this State. We hope his efforts will prove successful. Although the project may to many seem Utopian and useless, yet we are confident that if such an establishment is provided, that not one of the many charitable institutions of the State will be more firmly established in the public confidence than this will be in a few years.

Dr. B. presented to the Senate during the recent session, an able Report on this subject, embodying much interesting intelligence. In it he has inserted a letter from Mr. Sargent, of Prussia, Director of the Royal Institution for the Deaf and Dumb, of Berlin, and who has for several years been engaged in the instruction and care of Idiots. A part of this letter we subjoin.

“HON. F. F. BACKUS :

“*Berlin, 14th December, 1846.*

“SIR—Mr. George E. Day, acquaints me, Nov. 10, 1846, in a letter from Marlborough, (Mass.) that the efforts I have made for the instruction and cultivation of idiots, have awakened considerable interest in your country, and particularly, that it has been by your endeavoring, the State of New York took notice of those unfortunate creatures at the last session. Though the Legislature defeated your kind humane intentions in the first instance, I imagine that a noble and

independent State like the State of New York, always will be ready to bestow the benefits of cultivation upon poor human creatures like idiots, who do not enjoy either the riches of the world nor the blessings of religion ; and that you will find full hands and sufficient assistance, after having convinced your countrymen, the object in question is not a fancy, but a real truth, derived from experience and observation, and founded upon the natural developement of mind."

The attention of the Legislature of Massachusetts, has recently been called to the same subject. In 1846, Commissioners were appointed "to inquire into the condition of the Idiots of the Commonwealth, to ascertain their number, and whether anything can be done for their relief."

Dr. S. G. Howe, of this Commission, reported in part. March 15th, 1847.

The Commission say, " We have obtained pretty satisfactory information from 171 towns, containing an aggregate population of 345,285 inhabitants.

From these towns we have reports containing the names, age, sex, condition, &c., of 543 idiots, 204 of whom are males, and 339 are females.

Of these, 169 are less than 25 years of age, and, of course, are proper subjects for instruction. Of the whole number, 106 are supported entirely at public charge.

If the other towns should present the same number, it would show an aggregate of over 1000 idiots in this Commonwealth, of whom 300 are of proper age for instruction.

We have also obtained information, by personal inspection of the idiots, in about 30 towns, in various parts of the State, which shows that the condition of these unfortunate persons is very materially influenced by the character of those who have the charge of them.

In some towns, we found the idiots, who were under the charge of kind-hearted, but ignorant persons, to be entirely idle, given over to disgusting and degrading habits, and presenting the sad and demoralizing spectacle of men, made in



God's image, whom neither their own reason, nor the reason of others, lifted up above the level of the brutes.

In other towns, idiots, who, to all appearance, had no more capacity than those just mentioned, were under the charge of more intelligent persons, and they presented a different spectacle—they were healthy, cleanly and industrious.

We found some, of a very low grade of intellect, at work in the fields, under the direction of attendants; and they seemed not only to be free from depraving habits, but to be happy and useful.

The inference to be drawn from this is very important. If persons having only common sense and common humanity, but without the advantage of experience or study, can so improve the condition of idiots, how much could be done by those who should bring the light of science, and the experience of wise and good men in other countries, and the facilities of an institution adapted to the training of idiots,—how much, we say, could be done by such persons, towards redeeming the minds of this unfortunate class from the waste and desolation in which they now lie!"

Dr. Howe has appended to this Report a very interesting letter addressed to him by George Sumner on this subject, dated Paris, Feb. 1, 1847. From this letter we make the following extract.

"During the past six months, I have watched, with eager interest, the progress which many young idiots have made, in Paris, under the direction of Mr. Seguin, and, at Bicetre, under that of Messrs. Voisin and Vallee, and have seen, with no less gratification than astonishment, nearly one hundred fellow beings who, but a short time since, were shut out from all communion with mankind,—who were objects of loathing and disgust,—many of whom rejected every article of clothing,—others of whom, unable to stand erect, crouched themselves in corners and gave signs of life only by piteous howls,—others, in whom the faculty of speech had never been developed,—and many, whose voracious and indiscriminate gluttony satisfied itself with whatever

they could lay hands upon—with the garbage thrown to swine, or with their own excrements;—these unfortunate beings—the rejected of humanity—I have seen properly clad, standing erect, walking, speaking, eating in an orderly manner at a common table, working quietly as carpenters and farmers; gaining, by their own labor, the means of existence; storing their awakened intelligence by reading one to another; exercising, towards their teachers and among themselves, the generous feelings of man's nature, and singing, in unison, songs of thanksgiving!"

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NOTICES OF BOOKS, ESSAYS, AND ARTICLES ON INSANITY.

We endeavor to notice in this Journal every new work on Insanity that comes to our knowledge. Of late few have been issued from the press. Dr. Leopold Turck published at Paris, in 1845, a "*Memoire sur la Nature de la Foie, et sur la traitement a lui opposer,*" pp. 57. In this he says, "Insanity is invariably to be ascribed to an abnormal accumulation of electricity in the electro-negative organs, and especially in the skin. This is insulated on one side by the epidermis, and on the other by the cellular tissue and fat.

Insanity is dependent neither on the volume nor on the power of the brain; the predominance of the bilious, nervous, muscular, or sanguine temperament, contributes nothing to its development. It is marked by a particular state of the skin, which allows that membrane, under certain circumstances, to secrete and to retain more negative electricity than is necessary for the brain; and from this morbid electrical tension results insanity." To cure this disease he advises tepid bathing, and remarks as follows: "Water being a very good conductor of electricity, by softening the epidermis, takes from it its insulating properties, and permitting the superabundant electricity to escape, the madness disappears. But as man is always liable to have this epidermis moistened by showers, by sweat, and whilst bathing, God



has wisely ordered that the electricity should not escape too fast from that tissue, and therefore, the fibrillae which constitute the skin have an organization analagous to those of a cellular tissue, which we know to be a bad conductor of electricity. To attain our end we therefore employ such prolonged tepid baths as eventually to reduce the skin to its proper electrical condition, restore the equilibrium of the nervous forces, and cure the disease."

He advises to the prolonged use of tepid baths even for one or more days at a time, and even for months, in some cases. The safety and utility of this course he appears to infer from the case of a certain dame "D'Ornaus, near Besaucon, who recently died at an advanced age, and who passed the last 40 years of her life in a bath, with the exception of two or three hours during the night."

We are much in favor of cleanliness, bathing and attention to the skin in cases of insanity, but doubt the utility and safety of keeping patients in a warm bath for two days at a time, as proposed by Dr. Turck, and should not advise a resort to this practice, especially to test an hypothesis not at present well supported by facts.

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*Remarks on Insanity and the management of Insane Persons.*

By J. F. LEHMANN, Montreal, 1840, pp. 50.

As a slight specimen of this work, written, we are sorry to say, by one who has the charge of an establishment for the insane, we quote the following: "On the reception of a patient as the inmate of an institution, he must immediately and entirely be inspired with awe at the first sight of the Superintendent.

Severe discipline must therefore, be the chief object of the Managers of the Institution, at the same time they should rigidly avoid the indulgence of tyrannical and arbitrary conduct, dissoluteness and licentiousness, lest the exercise of them cause their own downfall."

He quotes with approbation, the following remarks from *Lichtenberg*. "Flogging is of greater use than all the other means together; by it the reasoning faculty is obliged to join itself to that world where the stripes come from. Indulgence is baneful to the patient, and the Superintendent must resort to all means to carry his will into effect; notwithstanding the incommodity and trouble of such a step, in some institutions, he is not even, when entreated with prayers and supplications to evince any irresolution in the just application of the rod; he must impress therefore on the minds of his patients, at their introduction into his Asylum, both by the determination of his countenance, the carriage and demeanor of his person, and the earnestness of his behavior, that they have to deal with a most inexorable judge. Indeed, the first impression is indelible, and if the patient discovers him to be in any way timorous, it will be difficult, nay even impossible, for him to gain any authority or preponderance over his patient afterwards."

In other parts of the work will be found some judicious remarks, though none particularly new, and the publication as a whole we consider worse than useless.

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*Life Among Lunatics.* By J. B. DERBY, *Author of Scenes in a Mad-house, etc.* Boston, 1839, pp. 72.

This is a collection of fictitious cases of Insanity, and is a work of fiction in every sense of the word.

The Author states that his design is "to show, that the indulgence of any vicious propensity, will surely end in degradation and misery. No mind is sound unless it reposes on virtue. That foundation cannot be shaken. Whereas, vice, not only exposes its victim to future punishment; but, it also saps the foundation of present mental security. So that a wicked man, has to lament, not only the loss of moral purity, but also, the deprivation of sound intellect."

However true this may be, in a few rare cases, it is not generally so. The bearing of the whole book is not good.



but bad—let the author's design be what it may. The impression most likely to be derived from it, is, that insanity is generally caused by a vicious course of life. Now, according to our observation, this is not true. On the contrary, a majority of those who have been afflicted by this disease have belonged to the most worthy class of persons found in the community, and many, very many, have been remarkable for their virtue and piety, and for all good qualities of head and heart. It is the very affectionate wife and devoted mother, the modest and too sensitive man, rather than the reckless, bold, and vicious, that are most frequently affected by this disease.

As a specimen of the author's ignorance of Insanity and silliness, we quote two cases, and first that of

#### THE TERMAGANT.

"Dorothy Verjuice is that lean and wrinkled spinster, knitting there in a corner, and talking to herself. Her chin, looks like a mason's trowel; her nose resembles a pickled cucumber; and her eyes, the yolks of two boiled eggs; she was the elder of eleven sisters; all of whom "got married" except herself. Now, such a catastrophe is quite sufficient to turn the best of humors into sulphuric acid. And, Dorothy's natural temper was of the proof of citric acid. She fled from society, and moped in her chamber. Read "Flavel's Discourses," and "the whole duty of man." Both were unsatisfactory! She then joined the church of the "Latter-day Saints;" and she found, in the excitement of a new faith and new associates, a solace for her loneliness. A new preacher appeared; and wrung the hearts of his hearers with his eloquence. Dorothy hung upon his accents like an icicle on a barn door, as it grates upon its hinges. He noticed her devout attention to his harangues, and enquired the amount of her income. It was something comfortable—say five hundred dollars per annum. Now, considered the preacher, what a wonderful opening there is in "the West." Souls are plenty, (and as black) as the whortleberries. And,

verily, he who stretcheth forth a hand, may gather a full harvest. But the "ways and means!" How pay the expenses of the journey? How build a sleek little cottage, and tenant it with pigs and poultry, without some of the "root of all evil?" Hah! an illumination! Dorothy, the hope of the poultry yard, is yet unmatched! Yes, she is my western star, with healing in its beams! He propounded; was accepted; published, and married. They set forth on the western journey, after a week of rejoicings.

The first day produced a slight concussion of opinion. Before them two roads branched off, and no guide-board pointed out the right way. His Reverence turned his steed on the right hand. His lady favored the left. The parson assured her that he had traveled that road many a time and oft. The parsoness had likewise passed it a hundred times. The parson insisted on the right. The lady vociferated—the left. Then each caught a rein, and one pulled to the right, the other to the left; until Dorothy, fired with excessive ardor, boxed his ears! This was too much for christian charity to endure; and the parson left the chaise, and pursued his journey on foot. Dorothy returned home, crest fallen and disconsolate! She moped some few days; sang a week afterwards; cried another week; and then tore her clothes and set fire to her chamber. This was rather a dangerous freak; and the restraint of the mad-house became expedient. Here, having encountered a shaking quaker, in the same "durance vile," both recognized a "second self;" and like fallen angels, sit apart and reason high on things "hard to be understood," and difficult to be learned."

The following is the last case in the book, and we subjoin it, not without some fear that if the writer's views are correct, he may have met with the fate of his

AUTHOR.

"Here, he writes "finis"—to his "last work!" Some years since he wrote a play, and published it—under a—fictitious



name. It read well ; but was not adapted to the stage. Encouraged by such success, he wrote *another*, "*for the stage.*" And he pressed upon the Manager, "a representation." The Manager was won by importunity ! The night was auspicious ; bright and still. And the Theatre was thronged. The author sat "incog ;" revelling on anticipated triumph.

The curtain rose ; and the actors began. A deep silence descended upon the house. Matters looked quite favorable: when, (alas ! how transitory are human hopes !) one unlucky passage "damned the piece," and crazed the author. It was, where Achilles says to Hector—

"Come on! my lad! and take your fill of fight!

"I'll glue your optics, in eternal night!

"Pull your shag ears before your pallid nose,

"And tie them o'er it in a knot of bows!"

At this tremendous threat, the audience roared out—not applauses ; but "damnation" to the Author. He "rose to explain." "*Ladies and Gentlemen ! Homer ! Virgil ! Lord Byron !*"

"Throw him over !" "all a lie !" roared a voice from the gallery. One horrid din of catcalls and groans, overwhelmed the unhappy Author ! And, clenching his fists at the audience, he rushed from the house !

He is quite calm now. And he finds, in the society of the mad, subjects, and speeches, for a "new play"—to more "favorable and judicious houses."

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*On Disorders of the Cerebral Circulation, and on the connection between Affections of the Brain and Diseases of the Heart.* By GEORGE BURROWS, M. D. London, 1846. pp. 220.

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This, although not a work on Insanity, is deserving of the careful attention of those who have the charge of the medical treatment of the insane. The author believes that many

persons who complain of uneasy sensations of the head, with lowness of spirits and debility, who sleep poorly, and are irritable, and who are supposed to be laboring under some disease of the head, and nervous system, are actually affected by some disease of the heart, or blood vessels, that interrupts the course of blood through the heart. He also thinks that some who are actually insane, will be found to be suffering from cardiac disease. In these opinions we concur, and commend this subject,—the connection between affections of the head and diseases of the heart to the consideration of our readers. The following remarks are particularly deserving of attention.

“Middle aged persons, of both sexes, in the upper ranks of society, apply occasionally for medical assistance, and who are suffering from uneasy sensations in the head, lowness of spirits, feelings of debility, occasional faintness, disposition to sigh, urgent desire for fresh air about them, irritability of temper, incapability of steady occupation, disturbed rest at nights. Such persons are often supposed to be dyspeptic, hysterical, nervous, or on the verge of insanity. Neither they themselves, nor their ordinary medical attendant, have suspected the existence of any disease of the heart. Auscultation in these cases, has several times revealed to me the physical signs of valvular disease of the heart, or of serious changes in the aorta, and then, upon more close inquiry, other symptoms indicative of interruption to the course of the blood through the heart are confessed to.

The history of such individuals often informs us that they have suffered from rheumatic fever many years before, or they have had some previous severe inflammatory affection of the chest, most commonly pleurisy ; or they remember, under the influence of mental excitement or bodily exertion, many years ago, having felt some peculiar sensation in the cardiac region, or that they suddenly fainted. The subsequent progress of such, developes many more unequivocal symptoms of confirmed cardiac disease.”



*The use of the Body in relation to the Mind.* By GEORGE MOORE, M. D. London, 1846. pp. 431.

We believe this book has been republished in this country, and no doubt will have a good circulation, as its title is very attractive. It contains some valuable information, though not much, but what may be found as well or better stated by other writers.

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*Report of a Commission, composed of M. Falret, Ferrus and Renaudin, to the Royal Academy of Medicine, Paris, on a Memoire entitled MAHOMET INSANE.* By J. J. BEAUX, M. D. Paris, 1842.

This is an interesting Report. It ably reviews the life and writings of Mahomet, in order to refute the opinion advanced by M. Beaux, that *Mahomet was not an impostor, but actually insane, and fully believed all he stated.*

Although disagreeing with the author, they give him credit for the ability he has shown in his memoir, and acknowledge that the eccentric conduct of Mahomet, his pretended revelations and visions, his attacks of epilepsy or extasy, all of which have been adduced by M. Beaux, to show that he was insane, afford some evidence that this was his condition. Still, they are of the opinion, on a critical review of his whole life, and particularly of his great work the Koran, that he was not insane, but that on the contrary, he possessed great mental powers, with vast ambition, courage and eloquence, and a profound knowledge of his countrymen, and of the arts necessary to persuade and influence them. The work contains many curious and interesting facts not generally known, and is worthy of perusal.

## ILLINOIS STATE HOSPITAL FOR THE INSANE.

The bill passed at the late session of the legislature, incorporating this institution, appoints nine trustees, and empowers them to cause to be erected, upon a farm not to exceed three hundred acres, within four miles of Jacksonville, in Morgan county, suitable buildings and out houses for said institution, and draw upon the treasurer of State from time to time, as may be needed in the prosecution of said work, for the funds for the insane, which are to be raised by an annual tax of two cents on each one hundred dollars valuation of property in the State. This, we are informed by the secretary of the board, will yield about twenty thousand dollars per annum.

The whole establishment is to provide for the accommodation of two hundred and fifty patients, and the necessary officers, attendants, and servants for its management. The amount of its cost is limited to sixty thousand dollars.

The trustees are to appoint a superintendent for a term of ten years, and fix his salary, which shall not be reduced during his term, who shall be a well educated physician. Section eighth defines his duties as follows : "The superintendent shall appoint and exercise entire control over all subordinate officers and assistants in this institution, and shall have entire direction of the duties of the same."

Pauper patients are to have the preference in admission, who are to be supported by the counties sending them.

The trustees have determined to commence operations in building the ensuing fall, and will, we understand, push the work onward, as humanity most assuredly demands, to a rapid completion.

We hope the trustees will adopt the plan, so generally recommended by those conversant with the subject, of placing a physician, well informed on the subject, in charge of the erection of the building, at least so far as adapting it to the purposes for which it was designed are concerned. It



may, and no doubt would, save much expense in making alterations in future, and probably prevent inconveniences that would be irremediable.—*Illinois and Indiana Medical and Surgical Journal, May, 1847.*

We have learned from another source, that not unlikely the location of the Hospital may be changed for one more central; perhaps to Springfield or Peoria. If such a project is seriously entertained, probably no expenditure will be made, and nothing further will be done until another meeting of the Legislature.

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#### LUNACY IN THE NEW JERSEY STATE PRISON.

A visit to the State Prison will convince any person that the speedy erection of the Asylum for the insane is demanded by every humane consideration. There are two decided lunatics in the solitary cells of the Penitentiary. The one in a paroxysm of frenzy committed murder and arson, was acquitted on the ground of insanity, and subsequently sent to the Prison for 15 years for a trifling assault. Of course it was merely a process to get him shut up, and perhaps justifiable under the circumstances. The other a more recent case is a prisoner from Camden county, sentenced for firing the woods during the droughts of last summer. From all accounts the record of his trial would create a new era in the rules of evidence. The truth is, the offender was guilty of lunacy, was rather troublesome in his neighborhood, and no place save the State Prison would take care of him free of expense to the county. He does not appear to be dangerous, although at times he is said to be mischievous. He calls himself Sardonyx, and talks a gibberish, sounding very transcendental, and probably not more unreasonable than the jargon of the clairvoyance of the present day, or astrology of times past. He is in short but one remove above an idiot, and is easily amused by childish plays and toys, and

then he ceases to be dangerous. But of course the only mode of treatment in the prison, is either to allow him the range of the yard, or to shut him up in a cell when he is troublesome. The keeper, however kindly disposed, can do no more than this. Any improvement is out of the question under such regimen.

A part from the want of humanity to the unfortunate beings, it is sheer cruelty to the other prisoners. "Sardonyx" is constantly giving utterance to the most unearthly sounds, which may be heard at any time two hundred yards outside of the prison. The horrors of confinement are sufficient, without an aggravation of this kind; and the wild shrill cry of the maniac, reverberating in the long passages of the prison so excellently adapted to convey even a whisper from one end to the other, seems just the thing to drive others to madness.

Here are certainly two proper inmates for the Asylum, and how many more there may be we do not know. The case of "Sardonyx" seems to be peculiarly cruel. He has been a free commoner of nature, and had the range of field and forest. If there was a necessity for depriving him of this solitary blessing, he should have been taken to an asylum, where proper treatment might have benefited him, and where he would at least have been exempt from some of the evils of his present condition. To shut him up in the four walls of a solitary cell because he "is stricken of God and afflicted," to save a few dollars annually which would be the cost of his support in an asylum, is the acme of avarice. We commend this case to the humane.—*Trenton N. J. Journal.*

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A WOMAN KILLED BY HER HUSBAND, AT HER OWN REQUEST.

The following extraordinary case occurred a short time since, at Wurtemburgh. We find it related in a late foreign journal:



Adam Gayring, a man sixty-four years of age, of honest and upright dealings, loved and respected by all who knew him, presented himself on the 8th ult., before the authorities of Heidenheim, and stated calmly that he had just killed his wife. His declaration was immediately taken, as follows: "My wife," he said, "as every one knows, has been suffering for a long time with illness, and at times the pains she had to endure were such as to affect her reason. She latterly gave up all hopes of recovery, and continually repeated that not only was life a torment to her, but that she feared if I died before her, she would be reduced to misery. This morning, after we had read together the 4th chapter of the Book of Judges, (they were devout people, and read the Bible daily,) she requested me to drive a nail into her temple, as Jabez did to Sisera, as such a death seemed short and easy, and would end her sufferings. She said she forgave me beforehand for the act, of which she absolved me before God and man. A nail, she said, would not cause a great hemorrhage, and would make but a slight wound. 'As soon as I am dead,' she added, 'you can close the wound, put me on a clean cap, and no one will know anything at all about it.' After long resistance (continued Gayring,) I gave way to the wishes of my wife. I took a nail and began to drive it into her left temple with a hammer, but the nail was too weak, and the point, instead of entering, flattened itself on the bone. I then took a small drill, but was equally unsuccessful. My wife grew impatient, and requested me to kill her at once with the hammer, which I accordingly did, by knocking in the skull. The body of my wife is at my house, where you can examine it at your leisure."

The magistrate immediately proceeded to the house with a medical man and Gayring under a strong guard. They found the body dressed, upon the bed. On the left temple there were two wounds, and the right side of the skull was knocked in as low down as the temple. Beside the bed was a table, on which was a bible, the nail, drill, and hammer alluded to. On the ground was a basin of water, in which

the murderer, according to his own declaration, washed his hands before presenting himself to the authorities.

Gayring is now in prison ; he is perfectly calm, and convinced that he acted well in fulfilling the wishes of his wife, by putting an end to her sufferings. Some Wurtemberg papers state that the inhabitants of the village of Gussenstädt, where the murder was committed, left their work as soon as they heard of the murder, and spent the day in the church, fasting and praying for the soul of the departed.

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ANECDOTE OF AN INSANE CLERGYMAN, BEFORE THE AMERICAN  
REVOLUTION.

At one of the late Religious Anniversary Meetings in Boston, the *Rev. Dr. Pierce*, of Brookline, related an amusing anecdote of Samuel Coolidge, who graduated from Harvard University in 1724. At that time, it was customary, on the death of the king, or any of the royal family, for the clergy to preach a funeral sermon. Mr. Coolidge, who was a man of fine abilities, wrote a sermon, and became so deeply interested in the matter, as to become insane. His insanity was harmless however, and exhibited itself in a desire to go round and visit the clergy. On one occasion, he visited the *Rev. Mr. Hedge*, of Warwick. The *Rev. gentleman* invited him to attend church with him. On passing through a field, he noticed Mr. Coolidge collecting some green apples and placing them in his bosom. He made no remark about it, however. Mr. Coolidge took a seat just beneath the pulpit. After Mr. Hedge had well advanced in his sermon, Mr. Coolidge observed a man asleep. He took an apple and threw it at him, but did not hit him, and no disturbance was created. A few moments after, he observed another man asleep, he again threw an apple ; this hit the man plumply on the head, and he aroused rather suddenly from his slumber. Mr. Hedge observing the manœuvre, and thinking to frown down all such conduct, looked sharply at Mr. Coolidge, but he, nothing abashed, looked up and said, "Go on with your business of preaching, Mr. H. and I will keep the people awake."



## NOTION OF A MANIAC.

An Ohio paper tells us of a merchant in that State, who imagines that the Rev. Mr. B., a Presbyterian clergyman, is no other than his satanic majesty himself. This antipathy to the reverend gentleman, it is said, proceeded from the fact that Mr. B. was present at the death of the unfortunate man's wife, some fifteen months ago, and was the first to announce to the husband that her spirit had left its earthly tenement. Since that afflicting event the gentleman has been perfectly rational on every other subject, excepting this notion relative to the clergyman.

How admirably does the above illustrate the beautiful lines of Shakspeare :

“ Yet the first bringer of unwelcome news  
Hath but a losing office, and his tongue  
Sounds ever after like a sullen knell,  
Remembered, calling some departed friend.”

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“ There is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions ; the measure of expense of common paupers never should be regarded in providing for the insane. That a better class of alms houses may be carried on for receiving lunatics, and dignified with the name of asylums or hospitals, with some degree of apparent success, may be admitted ; but to do the greatest amount of good to the insane, the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond these receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable.”

L. V. BELL, M. D.

“Particular professions and modes of living exercise a considerable influence in the development of insanity. Deep study and intense application, with the want of rest both of mind and body, which ardent pursuits bring on, are as prone to derange the mind as the fervor of the enthusiastic imagination. Calculating speculations are as influential on the mind as versatility in ardent and passionate pursuits. While we recognize these predisposing causes, we must also take into account the habits of many enthusiasts, too frequently irregular, and which add materially to their morbid sensibility ; and genius is too apt to let the passions flow a headlong course. In the ratio of the social qualities and agreeable converse of men of talent, are they exposed to the temptation of fascinating enjoyment. In deep, sordid speculation, or in ardent scientific disquisitions, disappointments are bitterly felt, and the mind not unfrequently becomes blunted by exclusive pursuits which admit of no repose.\* In both these conditions, although most opposite the physical functions become disturbed. In the one case, the circulation of the blood is hurried, and the vital fluid is unequally distributed, occasioning fever, congestion, and excitement. In the plodding man of business, careworn by anticipations rarely realised, the digestive functions are disturbed, and their energies destroyed, the epigastric region becomes the seat of tumultuous action, with all its fearful train of sympathies, and under their baneful influence insanity ensues.”—*Millingen.*

“Insanity is of rare occurrence in barbarous nations.”

“Civilization appears to favor the development of madness. This circumstance may be attributed to the restraints

\* Rowe has beautifully illustrated this painful dominion of thought in the *Fair Penitent*.

Turn not to *thought, my brain*, but let me find  
Some unfrequented shade : there lay me down,  
And let forgetful dulness steal upon me.  
To soften and assuage this pain of thinking!



imposed upon the indulgence of the passions, the diversity of interests, and a thirst of power ; long-continued excitement of the mental energies, and disappointment in affections and anticipations. The wants of the savage are circumscribed: he gives vent to the burst of his passions without control, and their violence subsides when they are gratified. In a more polished state of society, man dwells upon his injuries real or supposed, acts silently, and cherishes hopes of enjoyment, amongst which the sweets of revenge are not the least seductive. Such a condition, when followed by humiliating disappointment, must naturally tend to develop mental diseases.

It is probable that the diseases of civilization, which act chiefly on the nervous system, may have led to the original foundation of hereditary predisposition, transmitted by a shattered constitution, and disturbed functions.

“Erroneous education in the higher classes, and want of a proper education among the lower order, may be considered predisposing causes if not of insanity, at least of the passions or vices that excite it.

Our passions may be considered the chief causes of insanity, producing stimulating or depressing spasms, which act most generally both on our physical functions and our mental faculties. This circumstance explains the prevalence of madness after puberty, when our relative social condition exposes us to the influences both of our natural passions and their artificial aberrations. Both sudden prosperity and adversity madden.—*Millingen.*

## ITEMS.

The question of establishing a Lunatic Asylum in the State of Missouri has recently been agitated in the Legislature of that State, with what results we are not informed.

The January number of the *American Journal of the Medical Sciences*, contains a well written and judicious article "on the construction and arrangements of Hospitals for the Insane." By Thomas S. Kirkbride, M. D., Physician to the Pennsylvania Hospital for the Insane, (with two plates.)

In the *New York Journal of Medicine and the Collateral Sciences* for May, is an article upon "Insanity, and Hints to Medical Witnesses," by Samuel Hall, M. D., of New York. In it will be found valuable suggestions.

Horace A. Buttolph, M. D., formerly first Assistant Physician of the New York State Lunatic Asylum, has recently been appointed Superintendent of the New Jersey State Lunatic Asylum, and has entered upon his duties in superintending the completion of the building. J. Edwards Lee, M. D., has been appointed to fill the vacancy thus created in the New York State Asylum. Charles H. Nichols, M. D., has also been appointed an Assistant Physician in the same Asylum.



BRIEF DESCRIPTION OF THE STATE LUNATIC ASYLUM AT  
UTICA, N. Y.

The whole structure, separate from that part of the centre building assigned for offices, parlors, and accommodations for the Resident officers, and those engaged in the domestic employments of the asylum, consists of 380 single rooms for patients, 24 for their attendants, 20 associated dormitories of different sizes, that will accommodate from 5 to 12 patients each; sixteen parlors or day-rooms for their use, and 8 enclosed verandas or balconies that answer very well for parlors and day-rooms; twelve rooms for dining, 24 for bathing, and as many for clothes, and the same number for water closets. Two large hospital rooms for the sick, with bedrooms adjoining for nurses; a Chapel that will accommodate 500 persons; a Museum, or collection of pictures and other curiosities.

Various shops for shoemakers, tailors, dressmakers, cabinet makers, &c.; two rooms for printing, a large room for washing, and another for ironing, and a separate one for drying by steam; three kitchens, numerous storerooms, a bakery, a painters and plumbers shop; these are all connected, and may be visited without going out of doors. The establishment though large, and covering much ground, is conveniently arranged and not difficult of inspection; for although a walk through the entire establishment in order to visit each patient exceeds one mile, yet any one part of it may be visited from the superintendent's office in the centre building, in two minutes.

The present number of patients is 430. Number of admissions the last month, (May,) 45, discharges, 36.

By careful attention to the accompanying plan of the Asylum, the reader will be able to understand its general arrangements.







AMERICAN  
JOURNAL OF INSANITY,  
FOR OCTOBER, 1847.

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ARTICLE I.

ILLUSTRATIONS

OF INSANITY BY DISTINGUISHED ENGLISH WRITERS:

By I. RAY, M. D.,

*Superintendent of the Butler Hospital for the Insane,  
Providence, R. I.*

Next to Shakespeare, no English writer has been so successful in making insanity conducive to the exhibition of character under strong and impressive aspects, as Sir Walter Scott. This, indeed, might have been expected, from the fact that no other has partaken so largely of some of the distinguishing attributes of Shakespeare's genius,—his faithful and profound observation—his skillful appropriation of its results—and, above all, his hearty appreciation of every striking or extraordinary form of mental manifestations. The same breathing, speaking lineaments, the same life-like touches that impart an inexpressible charm to his characters, are no less obvious in those whom he has represented as victims of mental disorder. We scarcely need to criticise their fidelity;



we are assured of it by intuitive evidence. Any one who doubts it, would be ready to pass his hands over the face of a living man to satisfy himself that it was real flesh, and not an imitation in wax.

His best representation of madness, is unquestionably Madge Wildfire, in the Heart of Mid Lothian. She is an admirable illustration of a form of chronic insanity in which the mental manifestations are distinguished less by delusions and gross incoherence, than by a certain irregularity and unsteadiness not easily described. The general condition is aptly characterised by the remark applied to Madge, that her "mind, like a raft upon a lake, was agitated and driven about at random by each fresh impulse." For a moment or two she pursues a strain of reflections with tolerable coherence, when some fanciful or grotesque idea seizes her attention, and diverts her thoughts into some new channel. With a single exception, she exhibits no delusions, but that which she does entertain, seems scarcely necessary to confirm our convictions of her insanity. And yet the mental disorder so obvious, even without the addition of delusion, we should find it not easy, in an actual case, to establish or prove satisfactorily by the most careful description. Were we asked on the witness-stand in a court of justice, our reason for believing Madge Wildfire insane, we should have to rely solely on her fancy that she was once dead, and danced on the green sward by moonlight with other dead folks. Proof drawn from the general style of her conduct and conversation, would fall on unwilling ears, as something too fanciful or theoretical to deserve serious consideration. It certainly would have gone hard with Madge, had she been on trial for some capital crime, and this delusion of hers been overlooked, for it could have been easily shown, that she could distinguish between right and wrong; that she knew the wicked would be punished hereafter for their deeds; that she could lay plans,

and select proper means for accomplishing her ends,—all which would have been considered as clearly incompatible with the kind of insanity which annuls criminal responsibility. True, a whole century has elapsed since that time, and left us the benefit of its light, but I am not quite sure that her case would be more favorably regarded, even in our own times. The great novelist studied insanity in the school of nature; the courts in that of precedent and prescription. Do we want farther evidence than the present case furnishes, of the immeasurable superiority of the former, as a source of correct and philosophical views?

The distinction between the form of disease represented in this character and all others, is admirably preserved. Its drifting thoughts are never exchanged for the sudden and violent transitions of acute mania, nor the solemn and persistent absurdities of pure monomania. It is also individualised by some of those exquisite touches of nature which would seem to have been beyond the reach of any but the strictly professional observer.

What can be better than Madge's reply to Jennie Deans when she said she was never in Bedlam. "Weel, I think thae daft carles the magistrates send naebody to Bedlam but me—they maun hae an unco respect for me, for whenever I am brought to them, they aye hae me back to Bedlam. But troth, Jeanie, (she said this in a very confidential tone,) to tell ye my private mind about it, I think ye are at nae great loss; for the keeper's a cross patch, and he maun hae it a' his ain gate, to be sure, or he makes the place waur than hell. I often tell him, he's the daftest in a' the house."

Something suggests a comparison between her own condition and circumstances and those of Bunyan's Pilgrims, and the fondness with which she recurs to this idea, and her ingenuity in managing the comparison, constitute a very life-like trait in this portrait of insanity. Her ex-



hibition in the parish-church, illustrates the ways and manners of the class of insane to which she belonged, better than a volume of description. We can not forbear to extract a passage from this exquisite scene.

“She swam rather than walked up the centre aisle, dragging Jeanie after her, whom she held fast by the hand. She would, indeed, have fain slipped aside into the pew nearest the door, and left Madge to ascend in her own manner, and alone, to the high places of the synagogue; but this was impossible without a degree of violent resistance, which seemed to her inconsistent with the time and place, and she was accordingly led in captivity up the whole length of the church, by her grotesque conductress, who, with half shut eyes, a prim smile upon her lips, and a mincing motion with her hands, which corresponded with the delicate and affected pace at which she was pleased to move, seemed to take the general stare of the congregation, which such an exhibition necessarily excited, as a high compliment, and which she returned by nods and half curtsies to individuals amongst the audience, whom she seemed to distinguish as acquaintances. Her absurdity was enhanced in the eyes of the spectators, by the strange contrast which she formed to her companion, who, with dishevelled hair, downcast eyes, and a face glowing with shame, was dragged, as it were, in triumph after her.

“Madge’s airs were at length fortunately cut short by her encountering in her progress the looks of the clergyman, who fixed upon her a glance at once steady, compassionate, and admonitory. She hastily opened an empty pew which happened to be near her, and entered, dragging in Jeanie after her. Kicking Jeanie on the shins, by way of hint that she should follow her example, she sunk her head upon her hand for the space of a minute. Jeanie, to whom this posture of mental devotion was entirely new, did not attempt to do the like, but looked around her with

a bewildered stare, which her neighbors, judging from the company in which they saw her, very naturally ascribed to insanity. Every person in their immediate vicinity drew back from this extraordinary couple as far as the limits of their pew permitted, but one old man could not get beyond Madge's reach, ere she had snatched the prayer-book from his hand, and ascertained the lesson of the day. She then turned up the ritual, and, with the most overstrained enthusiasm of gesture and manner, showed Jeanie the passages as they were read in the service, making at the same time, her own responses so loud as to be heard above those of every other person."

Few of Scott's young ladies inspire a deeper interest than Clara Mowbray in *St. Ronan's well*, and for no other reason that I can see, but that the blight of insanity has fallen upon her joyous spirit, and insulated it in the very midst of the allurements and promises of life. She does not, however, so much illustrate any particular form of insanity, as that peculiar condition of the mind which is generally the precursor, and sometimes the follower, of a decided attack of the disease. To its former relation with insanity, I have already adverted,\* and the latter is also full of interest to the poet and the psychologist. It may be well to premise, however, that I do not suppose that in the mental impairment of Clara Mowbray, Scott expressly designed to represent that particular condition that precedes or follows an attack of insanity. It was enough for him to represent what has come within the range of observation. Its exact relation to decided, unquestionable insanity, he probably regarded as a subject belonging to the scientific inquirer.

It is a well confirmed fact that in a certain proportion of those who recover from an attack of insanity, the mind never regains its exactly normal condition. Although the

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\**Journal of Insanity*, Vol. III. p. 293.



person's thoughts may be apparently, and perhaps, really correct, and his duties performed with the utmost propriety, yet there is an oddity in his ways, a singularity in his dress and demeanor, a brusqueness of manner, and a general want of harmony between the manifestations of his character and conduct, that attract the attention of the bystander and excite his especial wonder. The morbid influence is witnessed only occasionally, and is confined to points of secondary consequence—the “minor morals” and the minor manners of the individual. The shadows of disease flit across his mental horizon, like clouds in a summer sky, before the face of the sun, merely subduing while they pass, the brightness of its light. We are no sooner aware of their presence than they have vanished, and the glorious luminary shines out again in its undimmed splendor. Such persons are more or less aware of their infirmity, and are able, to a certain extent, especially in the presence of others, to exercise their self-control, and restrain the manifestations of disease. It is when alone and unobserved—when forming or executing their plans—or even when quietly following their ordinary routine of duty, that they betray, unconsciously to themselves, the infirmity by which they are mastered. To those who have frequent intercourse with them, their mental impairment is perfectly obvious, but they would find it difficult, merely by a description of their conduct and conversation, to convince others of the fact, who have not had the same means of acquaintance. It is one of those things that can not be described—it must be seen in order to be adequately conceived and understood.

This condition of mind is admirably represented in Clara Mowbray. From others we learn that she has “a bee in her bonnet,” and we find indeed that her insanity is a matter of common remark, but we hear nothing of it from her own lips. To the casual observer she appears merely to be a free-spoken young lady, rather regardless of those

conventional forms by which the intercourse of society is maintained, but whose discourse sparkles with wit, and lacks neither vigor nor point. At the most he observes only an unfeminine independence, or a dash of eccentricity quite compatible with the soundest condition of mind. If then she says nothing "sounding to folly," and behaves, in our presence at least, like many young ladies whose manners have been somewhat neglected, we may be asked where we find the evidence that she is otherwise than perfectly sane. We find it in her distaste of society and impatience of its forms, and especially in those occasional freaks which are at variance with every principle of prudence and common sense. We find it in her appearance before a brilliant company in her riding-dress; in thoughtlessly giving away the costly present of her brother; in the variety of feminine labors, begun but never finished, that lie scattered about her boudoir. Some of the traits which she exhibits also, are not natural to her character, but proceed from a physical condition that is intimately connected with insanity. The inward grief that consumes her heart, produces a kind of nervous erethism which occasionally breaks out into extravagant spirits and an unnatural buoyancy of the feelings, which, though sometimes assumed for one purpose or another, are the involuntary reaction of the prevalent and habitual condition. In such a state of mind it scarcely needed so severe a blow as the disclosure of her brother's designs, to dissolve the feeble bond that holds her shattered intellect together.

Norna of the Fitful Head, in the *Pirate*, "is meant," says the author, "to be an instance of that singular kind of insanity, during which the patient, while he or she retains much subtlety and address for the power of imposing upon others, is still more ingenious in endeavoring to impose upon themselves." It is a less common form of the disease than general mania, but its pathological char-



acters are equally constant and well defined. Although apparently a simpler disorder than the latter, because fewer of the mental powers are involved in the morbid action, yet I am not sure that it has been more successfully represented by literary writers. The phenomena that first meet the attention are so strange and extraordinary, that others less striking, are apt to be overlooked altogether. The mind is so steady to its favorite fancies, and so consistent and coherent in maintaining them, that less opportunity is afforded for the display of the writer's skill, than in those forms of derangement where the bonds of association are more delicate and obscure, and the thoughts have a more motley and impulsive character. The task of the simulator, however, who chooses it for the purpose of deception, is far from being lighter. He may easily profess the extraordinary notions of the monomaniac, and even avoid, with some ingenuity, the absurdities to which they lead, but there are numberless other traits which all his skill would utterly fail to represent. What sane mind can fully imitate the monomaniac's style of reasoning which, while it has some show of logic, would never have been offered, even in jest, by a rational understanding? What power of mimicry can represent his transparent sincerity, his unfaltering confidence, the prevailing tendency of his unsuggested and spontaneous reflections to the morbid point, his abstracted air, his constrained and fitful movements? The most accomplished actor, after years of observation, would fail, I think, to imitate these traits well enough to deceive the practised observer of the insane. The writer has an easier task, and consequently has been more successful. He deals only with mental manifestations. The air, the manner, the gesture, the look, the act, though equally bearing the impress of insanity, do not come within his province. Considered in this light, Norna must ever be regarded as a most impressive and life-like delineation of monomania.

The lofty bearing, the magnificent pretensions, the grandiloquent announcement of her supernatural powers, and the constant yet unconscious endeavor to deceive others, as she had already deceived herself, are represented with unimprovable fidelity. Norna's insanity, however, is evidently but a secondary feature in her character, and subordinate to the higher part she plays in the course of events in which she is destined to mingle. The idea is, not so much to represent this part as the result of insanity, as to make the latter a sufficient reason for what would have been inexplicable and impossible without it. The force and pertinancy of her discourse are not indeed incompatible with very serious lesion of the understanding, but other traits and qualities are attributed to her character, only at the expense of its pathological correctness. She keeps a vigilant eye on what is passing around her, displays a mother's affection for her son, and a very natural interest in the honor and happiness of her kindred. This was necessary to the developement of the plot, but not very strictly in accordance with the nature of the disease. The monomaniac retains but little interest in anything but his own delusions, and family and friends are generally regarded with indifference, if not positive dislike. I will not say that no exception can be found to this rule, but Scott would scarcely be helped by the admission that the type of one of his prominent characters is to be found in an extreme case, a solitary instance, rather than a large class of mankind. It is understood to be the peculiar merit of Scott as well as Shakespeare, that the men and women in whom he enlists our interests, are no questionable existences, whose mortal affinities are hard to be discerned, but bear upon their front the unmistakeable features of humanity. And with the single exception before us, neither has suffered insanity to affect the general principle upon which they labored in their conceptions of character.



By no English writer have the delusions of pure monomania been more truthfully represented than by Dr. Johnson in *Rasselas*,—an achievement we should hardly have expected from one whose own mental movements were of the most regular and measured character. An old astronomer had been so long and deeply engrossed in the observation of the heavens, that he finally imbibed the idea that he could control their motions and regulate the distribution of their blessings. In homely phrase, he imagined that he was “clerk of the weather.” Who that has mingled much with the insane, has not witnessed the counterpart of the child-like naivete and unquestioning self-confidence with which he relates his wonderful powers, and which is admirably set off by the grandiloquent language of Johnson?

“I have possessed for five years the regulation of the weather, and the distribution of the seasons: the sun has listened to my dictates, and passed from tropic to tropic by my direction; the clouds at my call have poured their waters, and the Nile has overflowed at my command: I have restrained the rage of the dog-star, and mitigated the fervours of the crab. The winds alone of all the elemental powers, have hitherto refused my authority, and multitudes have perished by equinoctial tempests which I found myself unable to prohibit or restrain. I have administered this great office with exact justice, and made to the different nations of the earth an impartial dividend of rain and sunshine. What must have been the misery of half the globe, if I had limited the clouds to particular regions, or confined the sun to either side of the equator?”

His account of the manner in which he obtained and became conscious of his powers, presents an excellent

illustration of the characteristic mistake which the insane very often commit on this point. "About ten years ago, my daily observations of the changes of the sky led me to consider, whether, if I had the power of the seasons, I could confer greater plenty upon the inhabitants of the earth. This contemplation fastened on my mind, and I sat days and nights in imaginary dominion, pouring upon this country and that the showers of fertility, and seconding every fall of rain with a due proportion of sunshine. I had yet only the will to do good, and did not imagine that I should ever have the power. One day as I was looking on the fields withering with heat, I felt in my mind a sudden wish that I could send rain on the southern mountains and raise the Nile to an inundation. In the hurry of my imagination I commanded rain to fall, and by comparing the time of my command with that of the inundation, I found that the clouds had listened to my lips."

The immediate execution of his command, he represents, to be the sole ground of his faith, and is quite unconscious that the thought in question was but a result of the morbid action that had long been established in his mind. Judging merely from his own account one might be led to suppose that his mind was as firm and steady as ever, and that the fact of the necessary connection of the two events was forced upon him by irresistible evidence. His friends would probably have told us a different story, and made us acquainted with strange deviations from his natural demeanor or style of thinking, long before his delusion had taken a definite shape. An insane person can never trace very clearly the initiatory steps by which he has been brought into trouble, or led to some extraordinary conclusion; and the ability is not always gained after recovery. In seeking for the causes of the remarkable



change that has come over him, he invariably fixes upon some person or incident which had but a trivial or accidental connection with it, or appeared at a subsequent date. As in the present case, the execution of the command is regarded as the first noticeable fact in the history of his case, while the idea of uttering such a strange command scarcely arrests his attention. It may be well to add that this coincidence between the thought and subsequent event, frequently appears in the narratives of persons relating to the origin of their disorder, and probably arises from that misplacement in the succession of their ideas, which is not an uncommon phenomenon of insanity.

The accuracy of Johnson's picture of monomania is farther displayed by the astronomer's account of the mental conflicts he endured, and of the final triumph of his delusion. When asked if some other cause might not have produced the concurrence, he replied that such objections did not escape him. "I reasoned long against my own conviction, and labored against truth with the utmost obstinacy. I sometimes suspected myself of madness, and should not have dared to impart this secret but to a man like you, capable of distinguishing the wonderful from the impossible, and the incredible from the false." He presently adds; "I can not prove it by any external evidence; and I know too well the laws of demonstration to think that my conviction ought to influence another, who can not, like me, be conscious of its force; I therefore shall not attempt to gain credit by disputation. It is sufficient that I feel this power, that I have long possessed, and every day exerted it." A more faithful and graphic description than this, of what is called the incubation of insanity, could not be had. The strange fancies that ever and anon intrude themselves into the mind, the gradually weakened struggle by which they are re-

sisted, the suspicion of one's own madness, the ultimate connection of the reality of the marvellous belief, the unfaltering self-complacency with which the patient proclaims his own mental integrity and vigor,—how common, how life-like are these traits!

Richardson, in *Sir Charles Grandison*, has tried his hand upon a case of acute mania characterised by depression. The lady Clementina whom he has endowed with every possible feminine virtue, rather suddenly falls into fits of absence and revery, in which the subject of her thoughts seems to assume an objective existence. With unnatural precipitation the mental malady increases in severity—the depression frequently alternating with a state of restlessness and excitement, though never rising to the pitch of fury or raving. The cause of the trouble, as we subsequently ascertain, is an affair of the heart, though after making every allowance, this seems to be rather a forced conclusion. Before the course of her affections had been thwarted—before a single objection could have been reasonably anticipated—before, probably, such a woman could be supposed to be conscious of the existence of the tender passion, she ingeniously reasons herself into the belief of insuperable difficulties, and the peace and joy of her pure and innocent soul, give place to sorrow and bewildering reveries. To such a soul, no sentiment can be more congenial, and consequently, none more healthy, than love. To represent it, therefore, under such circumstances, as nearly allied to madness, betrays an inability to appreciate one of the most beautiful harmonies between our moral and physical nature, or at least, the willingness to sacrifice it to the paramount object of drawing forth the tears of sentimental young ladies and gentlemen. Indeed, Rich-



ardson's task was hardly within his vein. The lighter movements of the heart, especially as they are revealed through the conventional guises of society, have never been more faithfully portrayed than by him; but the deep currents of passion, the central springs of character in which are the issues of moral life, seem to have been entirely beyond his reach.

As a picture of mental disorder considered without reference to its origin, the merit of *Clementina* is somewhat various. Occasionally, the hand of the master is plainly visible, especially in representing the drifting character of the thoughts, and in managing the transitions from depression to excitement. In these respects, I am inclined to regard some scenes as perfect. How genuine and life-like are her whole appearance and manner when found by her maid about to visit the Chevalier, in order, as she said, to deliver him a message from God. They impress us like some of those marvellous pictures whose figures seem to stand out from the canvass, and imbibe the Promethæan fire, while we gaze upon their expanding features. Richardson seems, however, to have exhausted his resources before he had finished his task, which, considering the interminable length to which every thing he handles is spun out, is not surprising.—Through some whole scenes her discourse is unexceptionably sensible and appropriate, and we lose sight altogether of her insanity. Of course, in the conversation of the insane, we expect to find “matter and impertinency mixed;” but in the present case, the mixture is often almost entirely composed of the former element. In shunning the common error of representing the discourse of the insane as a jargon of words unconnected by a single tie of congruity or coherence, he has committed the opposite one of freeing it from every trace of insanity, and filling it

with pertinent and judicious reflections. To avoid these two extremes of error, has always been found, I imagine, the most difficult part of the task of writers who undertake to delineate insanity. We have previously remarked, that in a large proportion of cases, the mental disorder is indicated in the patient's discourse, not so much by wild and extravagant expressions, as by the peculiar and not easily described succession and grouping of the ideas. Richardson seems not to have been aware of this fact. The lady talks altogether too much and too sensibly of her lover, for one in her distracted condition. If there is any subject in the world on which the insane manifest their insanity, provided they talk about it at all, which they very seldom do, it is usually that which is intimately connected with the origin of their disorder. However sober and correct their conversation may be on indifferent matters, on that they are sure to wander.

The prominent fault however, of this attempt of Richardson to delineate insanity, is, that the disease contributes no additional interest to the character. It brings out no new trait, and magnifies none with which we were previously acquainted. The patience, resignation, and sweetness of temper which it leads her to exhibit are not the exclusive offspring of insanity, and might as well have been exemplified by any other disease. We are grieved for her distressed family, and especially for the gentle sufferer herself, but we are not sure that our feelings are anywise different from what they would be were she laboring under an attack of pneumonia or gastritis. We see only affliction, disappointment and sorrow, and we feel accordingly. We are made acquainted with no new phases of character, and our deepest interest and warmest sympathies are not enlisted by the sight of moral or



intellectual treasures which only the storms of mental disease can upheave from the depths of their concealment. In short, she is the same Signora Clementina that we knew when sane, and in the enjoyment of every blessing, and we can not disguise the fact that we are heartily rejoiced when she fairly gets through the disorder with which the author, in his wisdom, has seen fit to visit her.

Richardson has one merit however, in his delineation of insanity, that ought to atone for a multitude of defects. At a time when the insane were treated with harshness and even barbarity, for the purpose of subduing their wills, he set himself decidedly against the popular practice, and contended for the opposite kind of treatment. He fairly exhibited the results of the two different methods, and in a manner more convincing than the most formidable array of statistics could have made it, demonstrated the superiority of that mild and indulgent management which is now firmly established among all civilised nations. Indeed with some propriety, he may be regarded as the pioneer of that blessed reform which, shortly after, was quietly introduced and almost perfected by the Quakers at the York Retreat. Merit of this kind is seldom duly appreciated by the world, for it does not strike the imagination like that of brilliant discoveries in the physical sciences; and the very reason that reforms like that in question are so obviously sanctioned and confirmed by common sense and the feelings of common humanity, is apt to detract from the merit of those who conceive them.

## ARTICLE II.

## PUERPERAL INSANITY:

BY JAMES MACDONALD, M. D.,

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Puerperal insanity is one of several remarkable diseases to which child-bearing women are subject. In strict signification this term would include only those instances of mental derangement which occur within a few days or weeks after delivery; but as the cases generally adduced by writers, originated during the three periods of pregnancy, parturition with its consecutive state and lactation, I propose to treat of the malady connectedly as it occurs under these several conditions. These three physiological stages are intimately connected together, forming parts of one whole and being but links of the same chain; considerations which give additional propriety to an investigation of the subject in the manner proposed.

After conception, a singular revolution takes place in the female system; the periodical excretion of blood ceases; so much of the vital fluid as is not required in the economy of the mother, goes to the embryo; disturbance in the general circulation not unfrequently follows; the hitherto functionless mammæ make their first advance in the performance of their peculiar office—the stomach manifests a singularly inverted action; but perhaps the most remarkable change occurs in the functions of the nervous system. How various are the morbid sympathies; what function or what system is not at times affected; but above all, what a moral revolution is begun; what hopes and what



fears; what likes and dislikes; what whims and what fickleness are now observed. During pregnancy, women without being considered insane, are often in that state of mind which precedes if it do not in fact constitute the first stage of mental derangement.

As puerperal insanity is not an uncommon disease, and as pregnant women are remarkable for mental peculiarities akin to derangement, I will, before proceeding with the former, illustrate the latter by quotations from some of the leading authors on Midwifery and the diseases of women. "The effects of pregnancy on the tempers of some women are very remarkable; they become irritable, uneasy and restless; and these symptoms on some occasions increase as the pregnancy advances, until they become very distressing and alarming."\*

"The irritation of the nervous system is in some most obviously perceived in the change induced in the moral temperament rendering the individual depressed and despondent, or perhaps she who was naturally placid and sweet tempered, becomes peevish, irritable and capricious."† The reverse of this is sometimes produced, "and a decided amelioration takes place in the temper as we sometimes also see happen in the exercise of the bodily functions during pregnancy."‡

"Some suffer most from this irritability, depriving them of sleep night after night—and yet it is singular how little they appear to suffer from this loss of rest."§ The despondency which pregnant women suffer may often arise from the effects on their minds of the accidents, sufferings and fatal diseases to which parturient women are liable. But there is every reason to believe that in the majority of instances this despondency is connected with the peculiar state of the nervous system during utero-gestation. "I suppose many have noticed a curious fact connected

\* Bard's Midwifery.

† Montgomery on Pregnancy.

‡ Montgomery on Pregnancy.

§ Montgomery on Pregnancy.

with the state of mind in pregnant women when their bodily health is at the same time good, namely—that however depressed or dispirited with gloomy forebodings they may have felt in the early part of their pregnancy, they in general gradually resume their natural cheerfulness as gestation advances, and a short time before labour actually commences, often feel their spirits rise and their bodily activity increase to a degree that they had not enjoyed for months before. Occasionally, however, the depression assumes a more serious aspect, and the woman is constantly under the influence of a settled and gloomy anticipation of evil; sometimes accompanied with that sort of apathetic indifference which makes her careless of every object that ought naturally to awaken an interest in her feelings. Sometimes this state appears to depend on some peculiar condition of the brain, the nature of which we probably can not appreciate.”\*

“Reasoning by analogy, we would be led to expect as probable what experience confirms as certain, that occasionally the cerebral disturbance during pregnancy which in most instances only shows itself in unevenness of spirits or irritability of manner or temper, amounts in some to absolute disorder in the intellectual faculties, especially in habits naturally very excitable, or where there is an hereditary predisposition.”† Sometimes women who have been in this irritable state of temper during pregnancy, become maniacal soon after delivery.

“If we consider the frequent changes or disturbances occurring in the balance of the circulation from the varying and quickly succeeding processes which are carried on in the system during and soon after the periods of pregnancy and child-birth, we shall be at no loss to discover circumstances under which a susceptible constitu-

\* Montgomery on Pregnancy.

† Montgomery on Pregnancy, p. 14.



tion is likely to suffer. The conversions or successive changes in the temporary local determinations of blood which the constitution under such circumstances sustains and requires, appear sufficiently to account for the morbid susceptibility of the brain.”\*

Women are peculiarly liable to nervous, hysterical and convulsive diseases during the parturient state. “With respect to Hysteria, although in its ordinary or slighter forms not perhaps properly deserving the name of mental disturbance, its more aggravated conditions are so closely allied thereto that it would be extremely difficult to draw the line of distinction.”† “Cases of this kind, says Dr. Conolly, approach near to insanity; and indeed a mind subject to the violent agitations incidental to the hysterical constitution, can not be considered as perfectly sane;”‡ a state of mind Sydenham has given so admirable and graphic a description, in which he says the patients “observe no mean in anything and are constant only in inconstancy”—“so unsettled is their mind that they are never at rest.” “This fact, however, is corroborated by the best authorities, that when an aggravated form of hysteria prevails during pregnancy, puerperal insanity is to be apprehended.”

Headache, vertigo, sense of weight over the eyes, ringing in the ears, indistinct vision with flashes of fire, tetanic convulsions, coma, hysterical convulsions and apoplexy, all proclaim how deeply the nervous centres sympathise with and suffer in pregnancy.

The longings and unnatural desires for food, &c., are connected with the peculiar state of the nervous system during utero-gestation. One of the most remarkable effects on record of physical influence not only on the mother, but on the foetus in utero, is the fact asserted by late observers “that the number of cretins in the valois

\* Richard's Treatise on Insanity, p. 312. † Montgomery's Pregnancy, p. 16.

‡ Cyclopaedia Pract. Med., Vol., 2, p. 563.

is much diminished since the women have adopted the custom of passing the time of their pregnancy in elevated situations of the country where they are not exposed to the damps which prevail in the depths of the valleys.”\*

If during the pregnancy of a woman predisposed to insanity, some moral cause should occur, the tendency to the disease will be increased.

The following case illustrates alike the impressibility of the mind, the modified state of the nervous system, and the developement of insanity during the pregnant state. “A lady, who, after passing several years of her life in straitened circumstances, married when no longer very young, and was thereby placed in a condition of comparative affluence which, unfortunately for herself, enabled her to dispense with any further exertion, and to indulge a natural inclination to indolence and sedentary habits. She soon became pregnant and spent the whole day lying on a sofa at the fireside or with her feet on the fender reading novels, eating and drinking heartily and having a discharge from the bowels perhaps once or twice in the week. Among the books which she thus daily devoured, was one containing a highly wrought description of one of the *maisons de Santé* in France and of its inmates. This affected her strongly and took great hold on her mind. She expressed the greatest desire to visit one of the large lunatic asylums in her neighborhood, that she might assure herself of the reality of such things as she had been reading of. In this wish she was indulged, as in every thing else, whether right or wrong, to which she took a fancy, and the consequence was that the appearance of the persons she had seen and their extravagant expressions and gesticulations continued to haunt her imagination incessantly, up to the time of her deliv-

\* Montgomery on Pregnancy.



ery; on the third day after which she showed symptoms of insanity, which became rapidly confirmed and continued for many months. During her illness and after her recovery, she repeatedly said that from the time of reading the book and visiting the asylum, she felt as if she would certainly become deranged.”\*

The following case also occurred during pregnancy:

Mrs. W., the only child of wealthy and indulgent parents, residing in a country town, of a mild disposition and amiable character, evinced while at boarding school in the city, many eccentricities. She married early and when only twenty years of age, at about the fifth or sixth month of her *second* pregnancy, manifested for the first time, symptoms of mental disorder. These consisted in constant self-condemnation for fancied negligence, entire listlessness and a disposition to stand still for a great length of time. The pains of labour she did not regard, and she brought forth at the full time, a very large healthy child. An aggravation of her mental malady now took place, and I was called to see her in consultation with her attending physician, two or three days after her confinement. We found her in bed, her face pale, features contracted, expression of eyes wild, sinister, and anxious. On being questioned, gave rather confused and unsatisfactory answers, not acknowledging pain or sickness; pulse slow, being sixty and feeble, tongue white, no tenderness of abdomen on pressure, bowels torpid—no appetite, the secretion of milk and the lochia quite natural—manifested an entire want of affection for her infant—said she had been a bad wife, and wished she could live her life over again—frequently cried out “what shall I do? what will become of me?” she was sleepless. In addition to gestation and parturition as exciting causes, it may be mentioned as evidence

\* Montgomery on Pregnancy, p. 9.

of an hereditary tendency, that her father was at that time insane.

Both on account of its moral and physical influence, it was thought proper that she should continue nursing her child.

Blue pill with ipecac, and extract of hyoscyamus was administered at night, and followed by an aperient draught the next morning. This was repeated every day or two. Mustard foot baths were used at bed time. Her nourishment was wine whey, arrow root, panada, and chicken soup. Though she was not removed from her own house, her relatives were kept out of the room. As soon as she became strong enough, she was amused by prints, by needle work, reading and riding out. She recovered in a few weeks.

Dr. Montgomery, I believe, was the first to mention a form of temporary derangement to which parturient women are subject during natural labour, and which he denominates "Mental incoherence during natural labour." This is mentioned, not as a matter of much importance by itself, but as deserving of consideration in connection with the subject before us. Dr. M. says "it is well known, I presume, to every one who is conversant with the management of natural labour, that the period of that process at which the os uteri becomes fully dilated and is put severely on the stretch by the head passing through it, is one of extreme distress and pain to the patient, who generally at that time is much agitated, experiences a smart rigor and vomits; but in addition to these and other symptoms of almost constant occurrence, I have observed that the impression thus made on the system, is in so many instances accompanied by incoherence or temporary delirium, that I have ceased to regard its occurrence as a matter of surprise. This affection is sometimes strongly marked, and at others so slight, as almost to escape notice."



Dr. Montgomery considers this phenomenon explicable in the anatomical character of the cervix uteri which has the structure and performs the functions of a sphincter, which, in the course perhaps of one hour, from not being capable of admitting the point of the finger, dilates so as to give passage to a body measuring at least ten or twelve inches in circumference, and which from this sudden and forcible dilatation, actually tears the part and gives rise to the jagged and notched state so often seen in women who have borne several children.\*

When there is a predisposition to insanity, the cause which produces this temporary incoherence of mind, may possibly act as the exciting cause of the more permanent forms of mental derangement.

Insanity occurs also during parturition without obvious connection with the cause here referred to, as in the following case :

Mrs. McF., aged about twenty-eight years, with light hair and eyes, nervous temperament, and belonging to a family rather remarkable for "nervousness," during the last month of pregnancy with her *fourth* child, complained of cephalalgia, pain in the left side of the chest, constipation, pruritus, and low spirits. For these different symptoms she was treated and with relief; but she continued to do all her house work and to take too much exercise. Towards the close of the term of pregnancy, her mind had been much excited on religious subjects; her head ache now returned, and with it great anxiety and alarm as to her approaching confinement. She complained of unusual sensations, and could not sleep—in this state of morbid anxiety, she repeatedly sent for her physician, supposing labour to have begun. On the 18th of January, after much persuasion, she was bled. About

\* This explanation seems to be sustained by the observation that mania "has been known to occur in dysmenorrhea, to cure which, dilating the os uteri was attempted."—[*London Lancet*, Dec. 23, 1843.

twelve ounces of blood were drawn, with relief of symptoms. She had also been troubled with constipation and tenesmus; the former of which was relieved by laxatives, the latter by enemata with laudanum. I was called to her about four o'clock on the morning of the 21st, and found her in the first stage of labour. The first thing that struck me on entering the room, was the wandering state of her mind. She talked incoherently on religious subjects, and seemed to imitate the quaker tone of preaching. The labour pains which had begun at ten o'clock on the preceding evening, had ceased to recur with regularity and force. On examination, the os uteri could scarcely be reached. Dilatation had just begun, but the parts were yet extremely rigid. An anodyne was administered both for the purpose of quieting the irregular action of the uterus and nervous irritation; and the patient was left to herself until nine o'clock, A. M.; when, after a period of rest, I found the pains had recommenced, the os uteri had dilated considerably, and the labour had made such progress that I determined not to leave the patient. The opening soon became as large as a dollar, and the child's head was distinctly felt. Here the action of the uterus entirely ceased, and after waiting three hours, I began with the use of ergot, giving a drachm in the form of infusion, a third every twenty minutes; but without any effect. The patient's mind becoming more and more delirious and there being no advancement in labour, about ten P. M., I began with a fresh supply of ergot in the form of powder, giving a scruple every quarter of an hour. The pains soon returned with force and frequency, the progress of the child was gradual, and the patient was safely delivered about half past three, on the morning of the 22d. The placenta came away about half an hour after, and was not followed by much hemorrhage. Putrefaction, which had already begun, showed that the child had been sometime



dead. After delivery she slept some time, but awoke in a very wild state of mind, sprang from the bed and attempted to jump out of the window. Shortly after, the lochial discharge which had been considerable, suddenly ceased. Her breasts remained soft without any sign of milk. She had considerable heat of head, her pulse about seventy-five and full, her skin sallow and dirty, her tongue foul, her bowels constipated, her mind more wandering, her interest in her family entirely gone. Leeches were applied to her thighs, followed by hot fomentations in imitation of the lochial discharge,—blood was drawn from the arm to relieve the vessels of the head, calomel and antimony were given in small doses to act upon the secretions and circulation; cold applications were made to the head; blisters applied to the extremities; the diet was exclusively gruel, and the patient as much secluded from company as possible, but without the least favorable change; on the contrary, the patient had become so violent that it was necessary to fasten her in bed.

Monday, January 28th. Symptoms growing worse. At first she had lucid intervals; now she raves uninterruptedly and incoherently. Another symptom which is very common in puerperal mania, now manifested itself—the repeated use of indecent words. The maniacal smell was quite evident; the pulse 130 and feeble; restlessness and jactitation—discharges of fæces and urine, involuntary—no lochial discharge, notwithstanding the reapplication of the leeches yesterday. Has not depletion been carried far enough? and considering the state of the pulse and the nervous irritation, is it not time to begin with the narcotic treatment? Let her have extract of conium, gr. ij, every four hours.

January 29th. No sleep since yesterday; indeed not more than six hours sleep since her delivery,—pulse 130; continued treatment. Six o'clock, P. M.,—no change—

acet. morphinæ  $\frac{1}{4}$  grain. The conium to be continued if the morphine should not produce sleep.

January 30th. Slept about two hours and a half after taking the morphine; pulse 115 and more full; neither lochia nor milk; refused the conium and rhubarb, and magnesia mixture, which had been ordered. The following shows the wandering and incoherence of her mind. These few words were repeated in the tone of a quaker preacher:—"My soul, my body, my ever, my soul, my whole, I looked and I'm pushed, I've lied and I've licked, you must go, pugh, hugh, she's a bitch, she's a witch, there's a house, there's a hill," &c., and all this with constant jactitation. Continue extract of conium.

January 31st. No sleep of consequence, but she has been quiet and manageable; pulse 130; continue morphine at bed time.

February 1st. Slept four hours after the morphine—awoke and was violent for half an hour; now calm, countenance composed, pulse 108—bowels regular.

February 2d. Pulse excited, 130—continue ext. conium—gr. ii q. h. s. February 3d. Improvement, pulse slower, slept about three hours, both last night and night before. H. mist. camph. q. h. s. Continue pil. conii—q. h. s.

February 4th. Slept from 12 M., to six this morning; asked about her aunt, who is very sick; pulse 88—complains of debility. Continue treatment. Diet—gruel and chicken broth.

Feb. 5th and 6th. Continues improved. Slept four or five hours both last night and night before.

Feb. 7th. Has lucid intervals; asks questions about herself, and wishes to know what ails her,—pulse 76. Both the conium and camphor mixture to be given every three in place of every two hours.

Feb. 8th. Pulse somewhat increased in frequency,—complains of confusion and uneasiness of head; has re-



fused to take her medicines during the last twenty-four hours. Continue treatment. Mustard foot bath at bed time. Her violent maniacal symptoms returned, and it became necessary to remove her to the asylum. She was still insane when last heard from.

But puerperal insanity occurs most frequently during the more strictly puerperal state; that is to say, within a few days, or at most, within three or four weeks after parturition. It often manifests itself as in the following case:

Mrs. R., aged twenty-four, married nine years and the mother of three children, was confined on the sixth of November—and although she did not expect her labour to take place before Christmas, gave birth to a full grown child. Mrs. R. was never before deranged, and labored under no family predisposition to insanity. Three days after her confinement, she got up at midnight and went down to the yard. This, it seems, was the first thing that indicated anything like mental disturbance. Since then her insanity has been steadily increasing, and for the last two or three days prior to being removed to the asylum, she has been almost entirely unmanageable. On my first visit—7th day of the disease—found her lying on her back, her hair loose, countenance pale and wan, eyes upturned and evidently taking cognizance of nothing before them, her limbs in motion, sawing the air with her hand, and uttering wild incoherent sentences, unconscious of her situation; pulse 130—tongue dry and brown in the middle, the sides moist and whitish, feet cold, breasts continue to secrete milk freely. Mustard foot bath. R. hydr. submur. gr. iv. pulv. g. opii, gr. i. m. h. s.

Eighth. Countenance more animated, tongue moist, feet warm, bowels constipated. H. ol ricini. aq. menth. p. á á oz i. Evening, no stool. H. infus. sen. c. and pediluvium.

From 9th to 12th day of disease pulse from 92 to 130, tongue furred, bowels constipated, mind uninterruptedly

disturbed, as evinced at one time by incoherent talking in whispers, and at another by noise and vociferation. Calomel, cathartic and antimonial solution.

13th. Bowels costive. H. infus. sen. comp.

*Evening.*—This operated freely—mind more wandering and incoherent, mouth covered with sordes, tongue brown and dry. H. panada and wine.

14th. Face pale, eyes rather dim, vessels of adnata slightly injected, lips red, mouth inclined to dryness, hands in constant motion—pulse 112. Arrow root. Her symptoms were very evidently aggravated by the brisk operation of the cathartic. She is in an ex-sanguine and exhausted state, and will probably require anodyne and stimulant treatment.

*Evening.*—Frantic; so much agitated that it is impossible to feel her pulse—seems to be somewhat under the influence of fear; raves about her father. R. sol. acet. morph. gtt. xxv. tinct. digital, gtt. xxv. m. and div. in partes ij. e. q. un.—sumat statim. Took two thirds of the anodyne and did not sleep; countenance rather better, tongue moist; pulse 128. H. sol. acet. morphiae gtt. xvi. After having continued awake for two or three days, got asleep about five this evening and slept till nine. During the rest of the night it became necessary to fasten her in bed.

16th. Took the before mentioned preparation of morphine every two hours during the after part of the day, and at about 6 or 7 P. M., a warm bath; after which she slept about two hours; noisy and restless the remainder of the night.

17th. Talkative, incoherent, and destructive. H. pil. hydr. gr. v. pulv. ipec. gr. ii.

18th. Saw her husband to-day and recognized him—but her attention was not arrested a moment by his presence. Baln. calid. 9S = and continue in it twenty-five minutes.



19th. Slept more after the bath, with the use of the morphine during the day. Her pulse has continued from 100 to 120. Informed to-day for the first time, that she has had a lochial discharge for a week past. Thirst, furred tongue. R. hydr. submur. gr. vi. pulv. doveri gr. x. m. and div. in partes ij., morning and evening.

*Evening.*—Mouth dry, having taken the medicine.

20th. Restless during the night—mouth and tongue dry, pulse 88.

*Evening.*—Incoherent, constant talking; jactitation, skin cool, pulse 92, tongue moist and cleaner.

21st. Slept an hour last night, noisy since, bowels regular, lochial discharge less. Wine whey.

22d. Mist. camphor oz ss q. h. s.

*Evening.*—Would not take the mixture. R. solution acet. morphine gtt. xxx. Wine oz ij. the half to be taken immediately, and if it do not produce sleep in two hours, the remainder. Sensorial illusions—talks about lice and vermin creeping upon her.

23d. Slept none though she swallowed  $\frac{2}{3}$  of the anodyne; incoherent—obscene. R. ext. conii, gr. xxiv. div in pilul viii. e. q. un. sumat, q. h. s.

24th. Took none of the conium and has not slept—no appetite, pulse slower. H. pulv. rhei and magnes. calcini.

*Evening.*—After an enema had a stool; has taken freely of nourishment; (chicken broth) mind more calm, manner more composed, movements more regular, tongue cleaner and more moist—pulse 90. Sense of hearing very acute—hallucinations. H. pil. hydr. h. s. Seidlitz powder c. m. cold water to head, her hair having been cut off.

25th. Slept none, noisy all night, tongue moist and clean—pulse 115 and feeble, pallid. H. pil hydr. h. s. Seidlitz powder c. m.

26. Rep. seidlitz powder.

*Evening.*—No stool. R. hydr. submur. gr. iv. pulv. ant. gr. v. m.

27th. Pulv. rhei and magnes., followed by an enema.

28th. After the injection, slept two or three hours—but incoherent and talkative this morning.

*Evening.*—Found her moving before the fire-place in a very graceful manner, improvisating to a familiar air, and introducing the names of her father and children. Her eyes were intently fixed on the wall where she saw the forms of her relations, and which she kissed most affectionately. She continued in this way for a quarter of an hour without noticing persons entering the room. It is difficult to arrest her attention, and when arrested, it is impossible to fix it for a moment. She has hallucinations both of sight and hearing. Pulse 88, with more volume. Bowels torpid; sensations pleasurable. H. ol. ricini. oz i.

From the 30th to 104th day of disease, no amelioration either in her mental or physical condition. Her bowels were habitually constipated, and she labored under amenorrhea; in mind, maniacal—talkative, incoherent, destructive. Medical treatment, cathartic, tartar emetic ointment, warm baths and tinct. senra and hiera picra.

117th. Has become more mischievous, gained strength, but no improvement in mind.

139th. Improving in bodily health and somewhat in mind, appetite voracious. H. pulv. ipecac, gr. ij. morning and evening.

149th. Amenorrhea still. H. pil. aloes and myrrh.

161st. Light shower bath, every second day.

176th. Is daily and rapidly improving. As her general health improves and she becomes fat, her mind also gains strength.

183d day from attack, or six months, discharged *recovered*.

This case presents several points of interest. In its early stage the frequency of pulse, coldness of extremi-



ties, constant delirium and jactitation, with general typhoid condition, constituted a group of symptoms which active depletion would probably have rendered fatal. In its subsequent stages, as we now think, a more decided use of sedatives would have proved more serviceable than the treatment which was adopted.

Mrs. W., resident N. Y. city, age 22, married 10 or 12 months—on the 5th Dec., was confined; labour natural, child healthy. After nursing the child two or three days suddenly ceased to suckle it—not because the secretion of milk had ceased, but in consequence of her derangement. Lochial discharge scanty. On the 14th December, nine days after parturition, gave the first evidence of insanity; got up, took off her bandages; said she was well, and began to talk wildly. A sister had been deranged and recovered.

Treatment v. s. oz xvi. ol. ricini. Ice to head.

She lost a large amount of blood at the time of delivery. For three months before parturition, had not a natural night's rest; but was otherwise well and cheerful.

Present symptoms. At the time of admission, 6th day of mania, countenance exceedingly pale, at times animated and wild; expression usually agreeable; hair loose; raves incoherently; slept some last night; calls her nurse by the name of a person she dislikes; pulse 112; tongue white in the middle, though cleaning off. H. baln. tepid. H. hydr. submr. gr. v. h. s. H. ol. ricini. oz i c. m.

9th. Pulse 115, tongue clean, appetite better, purulent discharge from the right ear; raves, saying "they put me in a fine carriage and said I was out of my mind—that is some of Mrs. B's work; I can nurse my own child; thank God I have my senses; a dead man can't praise God." Continue baln. q. d. s.

14th. Convalescing rapidly.

24th. Is so well and so anxious to return home, that it was thought advisable to indulge her. She accordingly

took charge of her child, nursed him, (having milk,) became violently deranged again, and was brought back in nine days, and on the 23d day of disease.

34th. Solut. antimon. baln. calid.

38th. Continued solut. ant. and baln. tepid q. d. s. H. mag. sulph. oz vi.

50th. Improving. Mild and perfectly manageable; still laboring under the impression that she became pregnant without any intercourse with man; averring that she was five months advanced at the time of her marriage.

70th. Continues to convalesce; if she does believe in, does not refer to her mysterious conception; general health good. Manifests a good deal of imagination and self-esteem; is much given to scribbling poetry; has written several pieces during her convalescence, having found new and interesting subjects in her present situation. She has quite a volume of short pieces which she composed both in England and in this country, and which she talks of publishing.

83d. day, discharged *recovered*. She continued sane and died of puerperal fever on a subsequent confinement.

*Insanity occurring during lactation.*—The cases here reported show that insanity originated during the period of lactation, in seventeen out of sixty-six. This is generally a disease of slow progress and gradual developement. When it shall be better known, and its incipient stage early recognized, it will doubtless be often practicable to prevent it altogether, or to stop its further progress when first observed. It generally occurs in women of delicate organization who have borne children rapidly and suckled them for a long time, and is usually preceded by loss of flesh, strength and spirits—accompanied by marked pallor of the countenance. The uniform occurrence and persistence of these symptoms prior to the developement of insanity, is remarkable. When the secretion of milk



and the strength of the mother begin to fail, it is usual to resort to stimulants in the form of porter, wine, milk-punch, &c.—but these, affording only temporary relief, the malady advances with increased rapidity. Emaciation, paleness, languor and lowness of spirits, are more and more apparent—restlessness, sleeplessness, changeableness and irritability of temper, supervene; the patient feels unequal to her usual efforts, and unlike herself; she begins to think, and her reflections almost invariably assume a sombre hue, and soon concentrate on a single subject, and that subject is almost invariably herself. She thinks of herself only in connection with impending death, or with reproach for having been an undutiful wife, a careless mother; or for having failed to perform the chief relative duties of life. Her attention now seizes on a single subject and fixes on it with that tenacity so remarkable in melancholy and monomania. This consideration of herself often leads to the belief that she has committed the unpardonable sin—that all her future hopes are cut off, and she not unfrequently attempts suicide. It is probable that women who commit infanticide of their own offspring, are often in this state of mind. I would not be understood, however, to say that all women who become deranged while suckling, are melancholy, but that the great majority are so.

Dr. Ashwell, who has written a valuable paper on “The morbid consequences of undue lactation,” in the fifth volume of Guy’s Hospital Reports, says, “the pathology of these functional results of undue suckling, is by no means intricate or unsatisfactory. An impaired and attenuated condition of the blood, and a consequently depressed state of the nervous system, especially of the organic system of nerves, is the clue by which all the symptoms may be unravelled.”

Mrs. R. was placed under my care on the 14th of July; age twenty—married seventeen months. When about

17 years old, was deranged in consequence of the death of a young man to whom she was attached, and recovered in three months. Since then she has been sane and in good health until now. Seven months ago was delivered of a healthy female child; continued well until two weeks ago, when her husband discovered for the first time, symptoms of insanity. The first of these was an attempt to destroy herself by endeavoring to get into the cistern, and by jumping from an upper window. Since then she has made repeated attempts and threats to commit suicide. She fancies her house is confused and dirty—that her clothes are torn in pieces—that herself, husband and child, have nothing, and that ruin hangs over them. She is often indisposed to conversation, and weeps frequently. Bowels constipated. *H. ol. ricini.*

3d week of monomania, removed from home. Slept well last night after having her breasts drawn. She is still very unhappy—her countenance is dejected, and she talks constantly about going home; moans, and is listless—has not menstruated since her confinement, and has nursed her infant until she was removed from home—having had as much nourishment for the child as it required, until within a fortnight or so. She is emaciated and pale, pulse feeble, though slow; her breasts hard and very much swollen—a pint of milk was drawn to-day at once, by means of a bottle. Her bowels were moved this morning by the oil, but are still quite torpid. *H. pil. mass. hydrarg. and colocynth. no. ij. h. s.*

This case being of a chronic character, it will not be necessary to give a diary of it. Her treatment after weaning the child, was directed in the first place to the digestive organs, which were found much deranged; her tongue being furred, her bowels constipated and inactive. Blue pill, and blue pill combined with colocynth, were freely and frequently administered—the warm bath was used and she was engaged as much as possible in active



employments. Her diet was nutritious. After restoring the state of the alimentary secretions, the menses being yet obstructed, aëtic medicines, hip and foot baths were used. She recovered in about four or five months from the period of her first attack.

Mrs. N., aged 35, of a nervous temperament, belonging to a family remarkable for delicacy of organization, herself peculiarly fragile looking, having lost a sister by puerperal fever, had had five children with great rapidity, suckled them all herself, and from extreme maternal anxiety, slept with them all in the same room. During the summer preceding her insanity, she and most of her children suffered from intermittent fever. At length, about the middle of September, she began to manifest extreme debility, want of appetite, and complete restlessness, which at first did not excite much apprehension. Dr. B., who now saw her, ordered her child, which was ten months old, to be weaned, and Mrs. N. to use tonics and nutritious diet. A diarrhœa set in about the same time, and a violent attack of mania immediately supervened. I saw her for the first time September, 30th., in consultation with Dr. B. She was perfectly maniacal, raving incoherently, unconscious of her situation, and requiring two or three nurses to hold her in bed. She was excessively pale and emaciated—her pulse was from 120 to 140, and very feeble; she had head-ache, a hot skin, a loaded tongue—extreme watchfulness, not having slept for several nights—occasional diarrhœa, complete retention of urine, and the most frightful paroxysms of hysterical mania two or three times in twenty-four hours. She was treated at home with blue pill and mild cathartics—the decided use of anodynes, (including the different forms of opium, hyoscyamus, camphor, and Hoffman's anodyne,) wine, iron, and other tonics; and recovered in two or three months.

It may be asked, does insanity occur most frequently

in pregnancy? or in the puerperal state? or during lactation? Of the 66 cases which have fallen under my care, four occurred during pregnancy; forty-four during the strictly puerperal period, including one which took place during labour, and 18 during lactation; making by far the largest proportion to occur during the strictly puerperal period; that is, within a month after confinement. It may here be remarked, that we have limited the puerperal cases, to the first month. It is still a question whether those occurring in the second month after parturition, may not also be fairly classed with the puerperal. Besides this division of the disease according to the period when it occurs, it naturally divides itself into two forms or stages—the acute and chronic.

1. *The acute* is of recent origin, characterized by great febrile excitement, frequent pulse, hot skin, incoherence, raving, unceasing jactitation, and sleeplessness. It is dangerous to life; is mistaken for phrenitis, and is often fatal under any management, but particularly when treated actively. This acute form of the disease, almost uniformly occurs soon after delivery, during the strictly puerperal state, though it sometimes happens during lactation.

2. *The chronic stage* is where the disease is of several weeks standing, or where it has come on gradually. It is without febrile excitement—the pulse is slow—the skin cool—the mind may be equally incoherent, as in the acute stage; or the patient may be laboring under monomania or dementia.

After having illustrated, by the cases which have been mentioned, the different forms of insanity occurring during the pregnant, the puerperal and the lactescent periods, I will next proceed to a general consideration of the subject.

1st. As to the frequency of the disease. It is probably of much more frequent occurrence than is generally supposed. Esquirol says the number of women who be-



come insane after parturition, and during or after lactation, is much more considerable than is usually believed. In fact, nearly one twelfth of the insane women received into the Salpêtrière, have become so under these circumstances. Some years, this proportion amounted to one tenth; thus, of 1119 females admitted into the insane division, in the years 1811, '12, '13, '14, ninety-two became deranged after parturition, or during or immediately after lactation; and of these ninety-two women, sixty belonged to the years 1812 and '13, during which time there were but six hundred admissions. And if from this total number of insane females admitted in the course of these four years, we deduct all who had passed the age of fifty, beyond which epoch they are not exposed to the influences of parturition and lactation, we shall arrive at the conclusion, that insanity, following child-birth and lactation, is much more common than was formerly supposed. This is true particularly among the rich. The proportion in this class is, according to Esquirol's observation in his private practice, about one seventh. But it is also true that cases of mental derangement after weaning, are rare among the rich, while they are common among the poor—whether these wean their children voluntarily or by compulsion. The precautions which those who are in easy circumstances have it in their power to take, explain this difference.

Of 691 females admitted into the Bloomingdale Asylum, 49 became insane during pregnancy, parturition and lactation; making one in every fourteen, or seven and one tenth per. cent. of females of all ages. If we take into account the great number of women beyond the age of child-bearing, and the unascertained causes of insanity, the importance of pregnancy, parturition and lactation in causing insanity, will be quite evident. Like mental derangement arising from other causes, puerperal insanity assumes different forms. Of the 66 patients whose cases

are here recorded, including those admitted into the Bloomingdale Asylum, 34 were laboring under mania, 28 under monomania, and 4 under dementia. Of the 92 cases reported by Esquirol, 49 were instances of mania, 35 of monomania, and 8 of dementia.

*The Causes of Puerperal Insanity.*—These, as in other diseases, are divisible into *predisposing* and *exciting*. The first question that presents itself relates to the former. How often is there a family predisposition, either hereditary, or acquired? In 17 of the 66 cases, there was an hereditary or family predisposition, and in 7 an acquired predisposition from former attacks of insanity. *One* was said to have been hysterical, and *one* to have great nervous susceptibility. This makes almost 26 per. cent. of cases in which there is an hereditary or constitutional predisposition. Besides hereditary, the other predisposing causes are extreme susceptibility, and former attacks of insanity.

In speaking of the causes of puerperal insanity, Dr. Gooch says, without, however, giving any numbers to corroborate his statement, “Of the cases which I have seen, a large proportion have occurred in patients, in whose families, disordered mind had already appeared. The patients too, were of susceptible dispositions; nervous, remarkable for an unusual degree of that peculiarity of nerve and mind which distinguishes the female from the male constitution.” In the absence then, of other facts than those which I have myself observed, we may conclude that in rather more than *one* of every *four* cases of puerperal insanity, there is a family predisposition. In some, this predisposing cause is so strong, that it needs only the recurrence of natural labour or of lactation, to bring on another attack of mental disorder. But there are various exciting causes, some one of which may be instrumental in bringing about an attack of puerperal insanity. These, it is important to point out, in order that



we may guard against their influence. French pathologists attribute much to the potency of moral causes in the production of insanity. Esquirol says that moral causes stand as four to one of physical, in originating puerperal mania; Georget observes, that in 17 cases in which he had been consulted, he can recognize only two where the delirium proceeded from any other direct cause than a moral affection. If in speaking of causes, these pathologists are to be understood as meaning those physical causes which have no connection with the puerperal state, then perhaps the observations of various physicians, differing as they do so widely, may be reconciled. The experience of Burrows, and other English physicians, shows that this disease is not so frequently attributable to moral causes. "Two of my patients only, out of 57, says Dr. Burrows, were delirious from fright; others have become so from admitting the too early visits of inconsiderate friends. But in the aggregate, there have been very few, comparatively, to those who have developed puerperal delirium from physical causes: and still fewer to those in whom it has been elicited without any apparent cause, moral or physical." It may be expected, that should any moral causes occur during the puerperal state, they would, owing to the then more impressible state of the nervous system, have a much more serious influence on the mind than at any other period. As far as I could ascertain, but 12 out of the 66 cases which have been under my care, were influenced by moral causes, and these were not all so decided as to be considered *the cause*. They were mostly viewed as incidental or co-operative. There exists in one of the towns of Holland, a municipal regulation, which orders that a mark shall be put on every house in which there is a recently confined female. This mark serves as a safe guard against the visits of constables and police agents, which on the continent of Europe, are the sources of great terror. In ancient Rome, it was customary to

suspend a crown over the door of houses of females in this state, in order to let it be known that such residence was to be kept sacred from intrusion.

Of 92 cases of puerperal insanity reported by Esquirol, 46 (exactly one half) became deranged after being exposed to strong moral influences. The following are mentioned as the most common moral causes : the fear of again becoming deranged, where the female has had a prior attack at the same period : grief for the loss of the infant : despair at the desertion of the father : anger : domestic trouble and fright. Among the moral impressions as productive of insanity, terror is mentioned as the most common. Eleven cases of puerperal mania, out of 13, proceeded from this cause in Paris, during the alarming crisis of the years 1814--15. There exists in the French capitol, one moral cause much more generally operative there than in most other places ; that is to say, the great number of illegitimate children, and the consequent abandonment of mothers, at a most critical period. This perhaps may account in part for the different influences of moral causes as reported by different observers.

*Physical Causes.*—Of the 66 cases observed by myself, 6 only are reported as having been influenced by physical causes. By this I mean, of course, physical causes having no connection with the puerperal state, but entirely extraneous. Of these, the most frequent was cold,—the exposure of the patient to cold air or cold water. But this exposure to cold, besides being an occasional *cause*, is often one of the *effects* of insanity, from an instinctive desire of maniacs to expose their bodies to the open air and cool water. It is frequently one of the first acts of insanity. The secretion of milk and the lochial discharge being causes strictly connected with the puerperal state, will be adverted to when we come to the pathology of the disease.



The disordered state of the stomach, bowels and liver, which sometimes ensues during pregnancy, is not uncommonly an exciting cause.

Besides the causes which have been enumerated, there are certain circumstances which are supposed to exert a marked influence in developing the disease; such as the birth of the first child; the age of the patient, and the period after confinement.

Of our 66 patients, 29 became insane with their first children; 9 with their second; 6 with their third; 9 with their fourth; 2 with their fifth; 2 with their sixth; 1 with her seventh; 3 with their ninth; 1 with her tenth, and 4 unknown. It is also quite probable that some of these now put down as having become insane with their 2d., 3d., 4th., &c., children, may have been so with their first ones. It is therefore evident that by far the largest proportion of cases occurs with first children.

*Age.*—Of the 66 cases, 2 were under 20 years of age; 45 were between 20 and 30; 11 between 30 and 40; 7 between 40 and 44, and 1 unknown.

Of Esquirol's 92 cases, 63 were between 20 and 30 years of age; 27 between 30 and 40, and 2 at the age of 43. A singular coincidence in the results of these numbers shows, that about  $68\frac{1}{3}$  per cent. of all cases of the insanity of puerperal and suckling women, occurs between the ages of 20 and 30. This, it is true, is the period of life, which produces the greatest number of children; but the proportion of cases of insanity exceeds, comparatively speaking, the proportion of births. So we may fairly conclude that age has an influence in the production of the disease, and that mothers are much more liable to it between the ages of 20 and 30, than at any previous or subsequent period of their lives.

*The different days and periods of attack, before and after confinement,* constitute another of the circumstances in the

etiology of this disease. Of the writer's 66 cases, 29 became deranged within one week after parturition, and 15 during the subsequent three weeks; making altogether, 44 cases during the first month, or strictly puerperal period. During the second month, 5 became insane; during the 3d and 4th months, 4; at 6 and 10 months each, 2; at 9 and 15 months each, 1 became deranged; 3 became insane during lactation, without there having been any precise time specified; 1 while labour was going forward, and 4 in the course of pregnancy. Thus it is seen, that during the first month, or strictly puerperal period, 44 out of 66 of the cases, (a very large proportion,) originated; that in the course of the second month, which may still be regarded a puerperal period, 5 more originated, and that the proportion increases from day to day, as we approach the day of parturition, and diminishes as we depart from it.

So much for the causes having no necessary connection with the puerperal state, and for the circumstances of age, first birth, and time in the production of this disease. We will next proceed to the consideration of causes strictly puerperal, and to the nature and pathology of the disease. In viewing these matters, two important and interesting questions arise: how is the secretion of milk affected? and how is it with the lochial discharge? Different observers have assigned to these things, particularly to the milk, very unequal degrees of importance. Some have looked to this as the sole cause and essence of the disease. The older physicians believed that milk was translated to the brain, and they attributed to metastasis all the symptoms following its diminution or suppression. Leveret asserted that veritable milk could be found within the cranium; Boerhaave thought that all the different symptoms which manifest themselves after child-birth as distinct diseases, depend on one and the same cause, though manifested in various ways, and should be treated in the same manner.



Most of the older obstetricians attributed the various maladies supervening on child-birth and nursing, to the metastasis of milk. This is still the popular belief. But recent observation has demonstrated that milk is not found effused in the abdominal cavities of puerperal women who have died of peritonitis. Neither is it found within the crania of those who have died insane. Modern pathologists think that after confinement and during lactation, there exists what is called a milk diathesis, which modifies and characterizes all the secretions; that the excessive susceptibility of puerperal women, and nurses, renders them more subject to external influences; that these influences, acting on different organs, cause the development of diseases peculiar to those organs—diseases which are modified by the prevailing milk diathesis. Dr. Burrows says “delirium sometimes immediately succeeds a natural labour, or as early as the following day, before the process of lactation can disturb the system, and the lochia flow uninterruptedly. More frequently, puerperal delirium comes on about the third or fourth day, as if it were connected with the lacteal secretion; or it occurs, though not so often, about the 14th or 15th day, which is the average period of the lochia terminating; or at any time during nursing, or on weaning. The lochia, however, will flow freely after mania is established,—and so likewise, in some cases, does the milk; but the latter is not so abundant, and its nutritive properties are always deteriorated.”

Esquirol says sometimes the milk is totally suppressed; at others, only diminished; while at other times, insanity is developed without either suppression or diminution of milk, and while the infant is constantly improving under its use. He asks also the question, is the suppression or diminution of milk, the cause or effect of mental derangement? and answers, that insanity is most frequently developed in females who *do not* suckle their

children.\* He adds, that the majority of facts go to show that the milk is either suppressed, diminished, or changed in quality, previous to the developement of insanity; but that on the other hand, there are cases in which mental derangement is manifested previous to any change in the secretion of milk. In looking over the cases recorded both by myself and others, I find a deficiency on this point. Authors give no numbers whatever. And of the 66 here reported, there are only 40 in which the secretion of milk and the lochial discharge are mentioned, either separately or together, either directly or indirectly. Of these 40, it is stated that neither the lochia nor milk were suppressed in 19; making nearly half of the whole number in which this secretion and this discharge were alluded to, when these were not affected prior to the developement of insanity. In thirty cases, the secretion of milk was not checked prior to the developement of insanity, and in 19 cases the lochial discharge was natural. In 4 cases the milk was checked after the occurrence of mental disorder; in one case the milk was scanty. So there remain of the 40, only 6 cases in which the milk, and 3 in which the lochia were checked or suppressed, before the occurrence of insanity. These, imperfect as they may be, are the only numbers or real facts relating to the subject, that I can find; and their bearing on the pathology of the disease is, that the lochia and the suppression of milk have less to do in originating it than is generally supposed. But though the suppression of milk may not so often cause insanity as some have believed, yet that change which is wrought in the whole system by the secretion of milk, the milk diathesis as it has been termed, may in all cases be the essential cause of the disease.

Esquirol says that sudden weaning, whether voluntary or compulsory, is the cause of insanity, when nurses neg-

\* Of his 92 cases, 63 were married and 29 unmarried women. The single women, he observes, rarely nurse their children.



lect those precautions which prudence and experience dictate. In 19 of his 92 cases, insanity was manifested a few days or immediately after weaning, and following imprudence or negligence. Insanity after weaning is rare among women in easy circumstances, because they have the means of taking good care of themselves. As to the influence of weaning, in causing puerperal insanity, I know of no facts corresponding with those of Esquirol. Of my own 66 cases, not one arose from this cause; but weaning is not an uncommon sequel of the disease. Gooche says, "among the fashionable women of London, nothing is so common as not to nurse their children; the milk comes in about one or two days after delivery, and the breasts become as hard as stones, but not a drop is extracted; and sometimes by cold spirit lotions applied to the breasts, &c., the milk is suppressed in a few days." He knew "more than a hundred instances treated in this way during the first week after delivery—a time much more liable to disordered mind than a later period, and in not one did it occasion puerperal insanity." These observations not only show that weaning is not a cause of insanity in women in easy circumstances, but that the suppression of the milk during the strictly puerperal state, within a few days after delivery, has not so much influence in the production of mental disorder as has been conjectured.

Though I would fully admit the influence of all the causes, whether moral or physical, predisposing or exciting, which have been pointed out, I would dwell with emphasis on the fact that puerperal insanity may originate independently of them all; that like puerperal fever, phlegmasia dolens, &c., it is a disease strictly of the puerperal period; that it originates in the reproductive organs, and that it is essentially a disorder of the nervous system.

This brings us to consider its nature and pathology. The pathology of puerperal, as of every other form of insanity, is a problem not easily solved. In its investigation

we must consider its causes, its accompanying physical disturbances, the effects of remedies, and the post-mortem appearances.

It is not necessary here to reconsider all the so-called causes of puerperal insanity. These have been shown to have a doubtful influence, and to be accessory rather than essential. The state of the female system during pregnancy, parturition, the puerperal period and lactation, will throw some light on the nature of the disease. When insanity occurs during pregnancy, we would expect to find what we actually do observe, fullness and congestion of the vessels of the head, as a leading physical symptom. I have now under treatment a case not included in the 66 cases mentioned in this paper, in which the lady, who is pregnant about three months, is suffering under a mild attack of mania. She has been married *eleven* years—has had six children, besides five or six miscarriages, and has always menstruated and become pregnant during lactation, when her child was not more than six or seven months old. She complains of constant cephalalgia and vertigo;—the vessels of her face are turgid with blood, and there is such evident congestion of the brain that venesection is necessary.

When insanity occurs during the puerperal state, we would expect to find the disease one of irritation rather than of inflammation; for it is admitted by all that the susceptibility of the female is never greater than at this period. She has been exhausted by utero-gestation, while from the growth of the foetus she required more nutriment than usual; the irritability of her stomach has perhaps prevented her from using her accustomed quantity of food—she has been debarred from exercise in the open air—that preserver of life and health—and has been worn down by the doubts, and fears, and anxieties, that are so very apt to hang over the minds of women under these circumstances. In this state we would not look for inflamma-



tion; nevertheless we may sometimes meet with it as we do with pneumonia in typhus, or after severe injuries or surgical operations when there has been great loss of blood and strength. But it is not that active, vigorous inflammation which occurs in strong individuals. It is an inflammation which judicious practitioners tell us is often most successfully treated by stimulants in conjunction with other remedies. When it occurs during lactation, we would expect to find a disease of debility, and we do find the mother pale, emaciated, reduced by suckling a large vigorous child, and by nights of watchfulness and of anxiety for her offspring.

So far then as the previous physiological and pathological states of the system may influence the character of this disease, they would seem to be such as produce irritation and debility, or such as lead to congestions.

The accompanying physical disturbances will also aid us in forming a just estimate of the nature of this disease. These, it must be admitted, are occasionally such as characterize phrenitis, and phrenitis is sometimes mistaken for puerperal insanity; that is, the disease is called puerperal insanity, when it is in fact inflammation of the brain. On the other hand, puerperal insanity in its acute stage, is like delirium tremens, not unfrequently taken for inflammation of the brain by those who are called upon to treat it for the first time. But if we justly estimate the symptoms of this disease, as we should do those of any other form of mental alienation, without the ever-present idea of inflammation, we shall find the physical phenomena corresponding with the previous state of the system. In the acute form or stage of puerperal insanity, we shall find the pulse frequent; perhaps from 120 to 140—but feeble like the pulse of a typhoid patient; in some cases however, it may be full and strong, but these are exceptions which prove the rule. We shall find the head and surface generally hot, but it

is the heat of febrile excitement, and is sometimes accompanied by cold extremities—we shall find great jactitation and restlessness, with perhaps subsultus—the tongue coated and foul, and sometimes dry and red or brown, the bowels constipated and all the secretions depraved. These are the leading symptoms of the acute stage. In the chronic stage there is an entire absence of all febrile as well as inflammatory symptoms.

The effects of remedies so far as these have been observed by myself and reported by those who have had the best opportunities of witnessing them, go to show that the disease is not one of inflammation, but of irritation and debility, and it may be added, of vitiated secretions.

In considering the pathology of this disease, we will enquire also what are its post mortem appearances? On this subject I can say nothing from my own personal observation. Of the sixty-six cases that were under my treatment, three died, and of these, but two were actually under my care at the time of their death, and I was not permitted to examine them. The remaining one died at home under the immediate care of a relative who was a physician. A fourth was reported to have died of a bilious fever which prevailed in the part of the country to which she was removed. A fifth committed suicide when she was so far recovered that a day was appointed for her return home to her children, one or both of whose lives she had attempted prior to being sent to the hospital. Esquirol says the examinations of the bodies of women who have died insane after parturition and lactation, really furnish no results which will aid us in recognizing the material cause of this species of mental aberration, or of discovering its seat. He found serous effusions between the coats of the arachnoid, as in other cases of insanity; but never anything which resembled milk;—authors having been led by the appearance of albuminous deposits, to suppose the existence of this substance.



He adds, "it would be as strange a thing to find milk within the cranium after child-birth or lactation, as it would be to meet with menstrual blood in the heads of female maniacs after the suppression of the menses." Dr. Gooch refers to a case where death followed in three days from the attack of mania, but no vestige of the disease could be found in the brain or elsewhere. In those cases accompanied by coma, or which are preceded by sudden cephalalgia, or great determination to the head and prove fatal, there can be little doubt, if an examination were made, evidence of a morbid condition of the encephalon would be apparent. But these cases are rare. Fatal puerperal cases, according to Dr. Abercrombie, "have occurred, which, on dissection, exhibited nothing more than a slight vascular injection of the pia mater and arachnoid membranes. These however, are not ordinary cases of puerperal mania, arising from mere uterine irritation, but appear to originate in some primary affection of the brain, aggravated perhaps by the exciting circumstances of parturition." Dr. Briève reported a case of mania, which he imputed to inflammation of the uterus, the internal surface of which was found highly injected and covered with a uniform deposit. In the brain, the anterior portions of the two lobes were softened and of a pale color, and there were other diseased appearances of the encephalon. Dr. Cook mentions two cases of puerperal mania in which the womb was found in a state of disease. Dr. Burrows relates two or three instances in which inflammation of the same organ produced puerperal insanity.

Morbid anatomy then furnishes us with nothing very satisfactory towards the elucidation of the pathology of this disease. Further observations are required. It appears, therefore, that puerperal insanity is occasionally an idiopathic, but more generally a sympathetic affection of the brain; and that in either case it may assume the

character of delirium, or mania, or monomania, or dementia. What then is the real nature of this disease? Does it materially differ from other forms of insanity? Though it is modified by the condition of the uterus, and by the milk diathesis, as expressed by Esquirol and other pathologists, it does not appear that we would be justified in concluding that its pathology, so far as the nervous system is concerned, is essentially different.

4th. *The Diagnosis.*—The history of puerperal insanity is all that is necessary for its perfect distinction from mental disease arising from other causes. But is there anything in the character of puerperal insanity to distinguish it from other forms of madness? In the acute form of the mania, which succeeds parturition, we observe an intensity of mental excitement, an excessive incoherence, a degree of fever, and above all, a disposition to mingle obscene words with the broken sentences; things which are rarely noted under other circumstances. It is true that in mania, modest women use words, which in health are never permitted to issue from their lips,—but in puerperal insanity, this is so common an occurrence, and is done in so gross a manner, that it early struck me as being characteristic. And is there not a reason for it? Do not the disturbed uterine functions give rise to such ideas? In recent and acute cases of puerperal mania, there is greater febrile excitement, and greater frequency of pulse than is usually found in other kinds of acute mania. In fine, these more nearly resemble phrenitis than ordinary cases of mania. If two cases of mania were presented, the one arising during the puerperal state, and the other not, would it be possible, without any knowledge of their histories, to distinguish between them? We are not prepared to say that it would be in all cases, but think it might be in the more striking instances of this disease. Esquirol says the physiognomy of puerperal insanity has something so peculiar, that it can be



recognized by those who are accustomed to treat it.

Where insanity occurs during protracted lactation, it very generally assumes the form of melancholy—of lypemania or religious melancholy—of homicidal or suicidal mania; but it does not, under these circumstances, appear to take so destructive a character as puerperal mania.

*Prognosis.*—The prognosis in a case of puerperal insanity, relates as well to the life as to the mental health of the patient. The first question is with respect to the life of the individual. Is it in immediate danger? and if not, what will be the result of the disease so far as the patient's mind is concerned? It is important to consider both these points.

First—as to the danger to life. Here authorities differ. Of Esquirol's 92 cases, six died; making the per cent. of deaths  $6\frac{1}{2}$ . Of Dr. Burrows' 57 cases, ten died; making the per cent. of deaths  $17\frac{1}{2}$ . Of 10 cases related by Dr. Gooch, four died; making the per cent. of deaths 40. Of the 66 cases observed by myself, four died, including one who was reported to have lost her life by an epidemic fever which prevailed in the country to which she was removed; making the per cent. of deaths but six. If, however, one suicide be added to these, then the per centum of deaths will amount to about 7. But if both the last cases be excluded, then the per cent. of deaths will diminish to  $4\frac{1}{2}$ .

Here is the surprising difference in the mortality of this disease, of from 6 to 40 per cent. Peculiar differences in the nature of the cases, or something else, must account for this disparity. The greatest discrepancy is that between the results of Dr. Gooch's cases, and those in public and private institutions devoted to the special treatment of the insane. This fact alone explains much of the disagreement. Three of Dr. Gooch's fatal cases, were such as originated within a few days after confine-

ment, during the most critical puerperal period; while it may be supposed that in those patients who have been removed from home, the disease may have been of some weeks standing, and that the period of the greatest mortality may have passed by. Of these three cases of Dr. Gooch, two died within a few days, and one in eleven weeks. The fourth case did not occur until three weeks after delivery, and proved fatal within a few days. Thus on analysing Dr. Gooch's paper, it appears that but two of the fatal cases occurred during the most critical puerperal period—while the third patient died in about four weeks—and the fourth, in eleven weeks after confinement. Two of his cases then, were such as are sent to public institutions. Is there not then something else necessary to explain the difference of mortality? If we examine again Gooch's fatal cases, of none of which he had the early management, we shall find that the *method of treatment* is only mentioned in three, and that in all these, blood-letting, both general and local, was evidently instrumental in the results. The two circumstances then which affect the mortality of puerperal insanity, are the period after parturition when patients are put under treatment, and the nature of the treatment. By Dr. Gooch's own showing, the treatment of the cases reported by him was decidedly bad. If, however, we add all the foregoing cases of puerperal insanity together, making 225, and all the instances of death—making 24—we shall find the mean per cent. of mortality to be more than  $10\frac{1}{2}$ . When the question arises as to the probable fate of a patient with puerperal insanity, it is an easy matter to evade it by stating "it would be a vague answer to say the mortality would be 5, 10, or 15 per cent., and that this would be more like the opinion of the actuary of an insurance office, than of a practical physician." But after all it must be confessed, that if the numerical method—if exact numbers do not express something truthful—then we



must despair of ever arriving at truth. But our prognosis should not be formed from such numbers alone—the results of cases. As in other diseases it should be founded also on *symptoms*. Of these, Dr. Gooch has named a frequent pulse as one of the most fatal, and in corroboration has quoted the high authority of Dr. William Hunter, who in speaking of women insane during the month, observed “when out of their senses, attended with fever like paraphrenitis, they will in all probability die.” In Dr. Gooch’s fatal cases, the pulse was from 120 to 140. But I have seen a number of cases in which the pulse was from 120 to 140, and in which recovery eventually ensued. If, however, we meet with a patient having a pulse of 120 and upwards, accompanied by great heat, restlessness, sleeplessness, constant jactitation, perfect delirium and incoherence of language, without a rational interval, we may predict a fatal result. If typhoid symptoms be superadded to these, we may conclude a fatal result as much more certain.

The second part of the prognosis which relates to the result of the disease, so far as the patient’s mind is concerned, will next be considered. Here again we must have recourse to numbers. Of Esquirol’s 92 cases, 55 recovered; making the per cent. of recoveries within a fraction of 60. Of Haslam’s 85 cases, 50 recovered; making the per cent. of recoveries nearly 59. Of Burrows’ 57 cases, 35 recovered; making the per cent. of recoveries rising of 61. Of Dr. Gooch’s 10 cases, 6 recovered; making 60 per cent. of recoveries. Of the 66 cases now reported, 53 recovered; making the per cent. of recoveries  $80\frac{1}{3}$ . Here also it is apparent that there is a vast difference—the lowest per cent. of recoveries being 59, and the highest  $80\frac{1}{3}$ . When I arranged my own cases and found the per cent. of recoveries to be  $80\frac{1}{3}$ , I was not surprised, having learned both from reading and observation, that puerperal insanity was a highly curable disease;

but when I proceeded to examine the results of the practice of others, I was disappointed. It is probable that the cases here presented by the writer, were of a more favorable character than those treated by Esquirol and others;—that is, that they were not of so long standing. It may be, also, that while the final issues of most of those under my care have been ascertained, others have reported cases still under treatment, some of which may have subsequently recovered. These or some other circumstances must explain the disparity, for it appears to me quite evident that puerperal insanity is a more curable disease than these reports make it. There is another point connected with the prognosis which it is important to investigate, and that is *when* may the patient be expected to recover? Of the 53 patients who recovered under my care, not one recovered within the first month:—

Four	recovered within	two months;
Thirteen	do. do.	three do.;
Seven	do. do.	four do.;
Four	do. do.	five do.;
Six	do. do.	six do.;
Four	do. do.	seven do.;
Seven	do. do.	eight do.;
One	do. do.	nine do.;
One	do. do.	ten do.;
Two	do. do.	eleven do.;
One	do. do.	twelve do.;
One	do. do.	sixteen do.;
One	do. do.	2 years and 1 m'th.;
One	do. do.	do. between 3 and 4 years.

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Fifty-three.

By this it appears that the same proportion recover within the first three months after attack, that do in the subsequent three months—that is to say, 17 during each period; making altogether 34 out of 53, in the course of



the first six months—that in the next ensuing three months—that is, from the sixth and ninth months—the next highest proportion recover. After the expiration of a year, one recovered; after the expiration of two years, another; and after the long period of three years, one other.

This corresponds very nearly with Esquirol's results, two thirds of whose recoveries took place within the first six months after attack. Hence in favorable cases we may predict recovery in three months. But if the patient pass by that period, we may expect it during the subsequent three months.

*Treatment.*—In puerperal insanity as in all other diseases, and particularly in those the pathology and treatment of which are not thoroughly understood, the true method of proceeding is to carefully observe each case separately, to examine well the symptoms, and finding out the functions and organs most disordered, prescribe accordingly.

Puerperal insanity may for practical purposes in its treatment, be divided into *two stages*—the *recent* and *chronic*. These stages do not always depend upon the length of time the patient has been ill; they rather mark the character of the disease, and have been already described. The first is attended with great danger under any treatment, and if life be saved, it is sometimes at the expense of reason. The *second*, if properly treated, is attended perhaps with little danger either as respects life or continued insanity.

*Bleeding.*—As in other varieties of insanity, venesection or general blood-letting, is in my experience seldom necessary, particularly in public institutions, where patients are not often sent until the more acute stage of the disease has passed by. Of the 66 cases which have fallen under my observation, there were only 6 in which venesection was used, and in all of these

instances except one, blood was taken before the patient came under my care. It is true respecting this, as it is of every other remedy, that there is no specific; and that there must be some good reason besides the mere existence of puerperal insanity for its employment,—there must exist great vascular excitement or congestion of the brain, or some urgent symptom. In one of the cases in which the patient was bled, insanity came on about the middle period of pregnancy, and was accompanied by cephalalgia, noise in the ears, and other symptoms of cerebral congestion. In another the patient was placed under treatment within five days after parturition—had suffered with cerebral disturbance long prior to this period, and had not had a natural night's rest in three months. In another case, the patient was plethoric, under great vascular excitement, and her treatment was commenced immediately after the occurrence of insanity, which was two days after labour. In a fourth case, the patient was not benefitted by the practice; in a fifth case, the patient died in about a fortnight after her first attack, and was probably injured by the treatment; and in the sixth case, blood was taken from the arm a few days before, and a few days after delivery—in the first instance with relief, but in the latter with an aggravation of symptoms.

The symptoms in the early stages of puerperal mania are sometimes so deceptive and so simulate those of phrenitis, that practitioners are led to draw blood in large quantities. That venesection is occasionally useful, there can be no doubt. I can imagine it so even in some cases of delirium tremens, because the most judicious practitioners have found it of advantage—but in the great majority of instances of puerperal mania, it will only tend to increase the delirium and endanger life. Muttering or violent delirium, heat and tossing about of the head, contraction of the pupils, a frequent



pulse, constant jactitation of the body, with movements of the limbs, and a dry tongue, constitute a group of symptoms indicative of what is called in the books, inflammation of the brain—but of a species of inflammation, if inflammation it be, which may be better treated by anodynes and stimulants than by blood-letting. Abercrombie mentions a variety of inflammation of the brain, in which venesection is fatal and wine useful. Some forms of puerperal mania resemble it. Finally, we should bleed, not because there is a frequent pulse and violent delirium, but because there exists some good reason for so doing; as for example, when the patient is naturally vigorous and plethoric—has been suddenly siezed, has a full, hard pulse, great heat, and has suffered cerebral congestion, prior to the developement of insanity.

Local bleeding by cupping and leeching, is more frequently admissable than general blood-letting. Seven of the 66 patients that have been under my care, were cupped, and four leeches. The cupping is chiefly employed to relieve congestion of the brain—the glasses being applied to the temples and the occiput. Cupping is also performed over the sacrum, and leeches applied to the vulva and thighs to irritate and invite the flow of the menses.

When blood-letting is required, cupping and leeching answer the purpose in almost every case, but even these have been seldom called for in the cases which I have had to treat. Both Esquirol and Gooch consider *local* safer than *general* bleeding. Burrows inclines to the same opinion.

After the force of the circulation has been reduced, the next indication is to evacuate the stomach and bowels, and restore the state of the secretions.\* But this often

\* The disease indeed sometimes entirely yields to a free discharge from the bowels of their accumulation of fæces and vitiated secretions.

requires repeated purging, particularly with such purgatives as have an alterative effect on the secretions. For this purpose nothing is so useful as calomel or blue pill;—calomel sometimes in full purgative doses, or in doses of from five to eight grains at bed-time, followed next morning by castor-oil, compound infusion of senna, or rhubarb and magnesia mixture. It will be advisable generally, to combine the calomel with some preparation of opium, or if this have not a soothing influence on the nervous system, as is often the case, then to use in its stead extract of hyoscyamus or conium. If the strength of the patient be sufficient, the purging should be repeated until the bowels are entirely relieved of their accumulations, and the biliary and other secretions are restored to their natural and healthy state. When the patient is feeble, small doses of hydrarg. c. creta and blue pill, may be used in place of calomel. Neither of the mercurial preparations however, should be carried so far as to affect the system or cause ptyalism, for this might produce so much constitutional irritation, as to affect most unfavorably the nervous system. But I regard calomel and blue pill, particularly the latter, when cautiously exhibited as an alterative cathartic, as among the most valuable remedies in the treatment of this disease. I would not however, be understood to advise these remedies as a matter of course, because the patient has puerperal insanity, or as a specific; but to remove a disordered state of the stomach, liver and bowels, a condition which, so long as it exists, must have a most unfavorable influence on the nervous system. Mercurials in this way have been given to at least half of the patients for whom I have prescribed. But in a single case was mercury exhibited for the express purpose of causing ptyalism. This was a case in which the prognosis was most unfavorable from the beginning, and in which the patient died before the system was affected. It was given as a dernier resort.



After calomel and blue pill, the most useful cathartics perhaps, are compound infusion of senna, castor-oil, rhubarb and magnesia. Blue mass combined with colocynth, or colocynth and scammony to quicken its action, will be found a very useful cathartic. But I would by no means advise active and prolonged purging, particularly when the patient has been much exhausted, and when there exists irritation of the mucous membrane of the stomach and bowels, cathartics should be avoided, and enemata used instead.

*Emetics* have been much praised in the treatment of this disease by English and French physicians. Tartar emetic is given both to produce full vomiting and a nauseating effect. I have used it in both ways, but I can not say with as satisfactory results as many others. Tartar emetic is too violent and depressing a remedy for most cases of this disease. Yet there are some patients to whom it may be exhibited with great advantage; such as those who, without anything like gastritis, have great heat and dryness of skin, with a quick and hard pulse—those who are laboring under great nervous excitement, and those who are averse to taking medicines. Here antimony can be used most conveniently and with great effect. It can be exhibited in food and in drink, and by its means the most violent patients may be reduced from the most unmanageable to the most docile state.

After removing cerebral fullness or congestion, if such exist; and after emptying the stomach and bowels, and restoring the secretions, it will next be advisable to make use of such means as will soothe nervous irritation and invite sleep. Cold applications to the head, stimulating pediluvia and warm baths will have this effect, and may be used at the onset of the disease. So may what are strictly speaking, anodyne and anti-spasmodic remedies; but these must be exhibited with caution. The anodynes and anti-spasmodics most in use, are opium in some of

its forms, conium, hyoscyamus, camphor, bella-donna, lupuline, assafoetida, and valerian. In selecting the particular one for use, regard must be had, not only to the patients' symptoms, but to their idiosyncrasies. We should enquire how opium affects them, and if it usually affects them unfavorably, it should not be exhibited; but if we are informed that opium usually has a soothing, soporific effect, then it should be given freely if the patient has been long without sleep, and is in a state of morbid susceptibility. It is generally advisable to give it at first in a large dose, (two or three times the size of the usual dose.) In my experience *black drop* has been preferable to any other preparation. This has often appeared to me to quiet restlessness and to procure sleep when other preparations have failed. But the salts of morphia, opium in substance, laudanum and Dover's powders, may all be employed. Great heat and redness of the face and scalp, a full and hard pulse and contraction of the pupils, with symptoms of determination to the brain, contra-indicate the use of opiates. As a single symptom, perhaps no one points out more clearly the nature of the soporific to be employed, than the state of the pupil. If this be dilated, opium may be exhibited, if the other symptoms do not prohibit its use. If it be contracted, then one of those narcotics, the peculiar effect of which is to dilate the pupil, should be administered. As a general observation, perhaps no anodyne or narcotic has a more kindly influence in cases of puerperal mania, than a combination of camphor and hyoscyamus, given in doses of from *one to five* grains each of the gum and extract in the form of a pill—or the extract or tincture of hyoscyamus may be rubbed up with camphor julep, and the latter administered in doses of half to a whole drachm, three or four times in the course of twenty-four hours. Conium, lupuline, &c., may be given in the same manner with hyoscyamus. Assafoetida and valerian are particularly



useful when hysterical symptoms prevail. Whichever preparation of opium or whatever other sedative may be selected, should be given in sufficiently large doses (triple, quadruple, or more if necessary,) to subdue nervous excitement; and when the proper quantity to produce this effect has been ascertained, it should be repeated every 6, 8, 12 or 24 hours, as may be found requisite to control this leading symptom. And it is the experience of the writer, that when this result has been obtained, it is not necessary to increase the dose, but that the disease generally yields, so that the quantity may soon be diminished, or the remedy altogether withdrawn.

*Warm Bathing.*—The soothing influence of this remedy is sometimes very marked, while on the other hand its effect is occasionally unfavorable, particularly when there is much febrile excitement and determination to the brain. It is more particularly useful in the melancholic form of the malady when the extremities are cold. Under the former circumstances when there is much heat of the head, warm baths should never be employed without the simultaneous application of cold to the part. The temperature of the water and the time for keeping the patient immersed, must be regulated according to her strength and the effects of the bath,—from 94 to 98 Fahrenheit, and from ten minutes to half an hour or an hour. The frequency of repetition must also depend on the same circumstances. Baths may be given daily, or two or three times a week.

*Wine.*—Even in the acute stage of the disease, it is sometimes necessary to support the patient with stimulants. As before mentioned, there is a variety of puerperal insanity, in which the powers of nature are so much exhausted, that although the patient seems to be laboring under a cerebral inflammation or irritation that demands active depletion, nothing will so effectually control such symptoms, while it sustains and carries the pa-

tient through the disease, as wine. It operates much as it does in typhus fever—by lessening the frequency of the pulse, by acting on the skin, and by producing sound and refreshing sleep. Under such circumstances it is the best anodyne that can be given. These cases are not of frequent occurrence, but will every now and then be met with. They are characterised by a delirium so strongly marked, that the patient utters nothing connected or rational;—all her thoughts appear incoherent—there is almost constant motion of the hands and feet, but these movements are as unceasing and apparently useless, as the words uttered are disconnected and unmeaning. There exists a peculiar sunken and haggard expression of countenance—the eye becomes dull, and there is every indication of a most prostrate condition of the nervous system. The pulse is frequent, (from 110 to 150,) while the impulse of the heart is very feeble. As in typhus THIS is in truth one of the most favorable conditions for the exhibition of wine; but on the contrary, when the pulse is weak, while the impulse of the heart is at the same time strong, stimulants will be found useless, if not decidedly injurious. Besides the above symptoms indicating the use of wine, general typhoid symptoms sometimes supervene—which of course render the necessity for administering stimulants, greater.

*Blisters.*—In the acute stage of this disease, blisters, according to my experience, are seldom if ever advisable, particularly in persons of nervous, excitable temperaments. They are very apt to add to the already highly morbid nervous irritability. The same may be said of other methods of counter-irritation; though sinapisms and mustard pediluvia may be used in all the stages of the disease with advantage.

Thus much for the treatment of what may be called the acute stage. We will now consider the *chronic* stage. In this the patient is without febrile excitement, the skin



is cool, the pulse generally slow, or perhaps somewhat accelerated, the mind either in a state of melancholy or incoherent excitement, or perhaps so little disturbed as to be a subject for observation only to those most familiar with her. It is in this state that blisters and counter-irritants are most useful, particularly when the patient is in a state of apathy. Blisters may be applied to the back of the neck, to any portion of the upper spinal region, and to the extremities; though the precaution should be taken in that torpid state of the circulation which accompanies both the acute and chronic stage, not to apply them to the lower extremities, for they often cause tedious sloughing and sphacelus. Tartar emetic, ointment, or croton oil, to the region of the spine, to the bare scalp, or to the extremities, is often most efficacious. Setons are rarely called for in puerperal insanity.

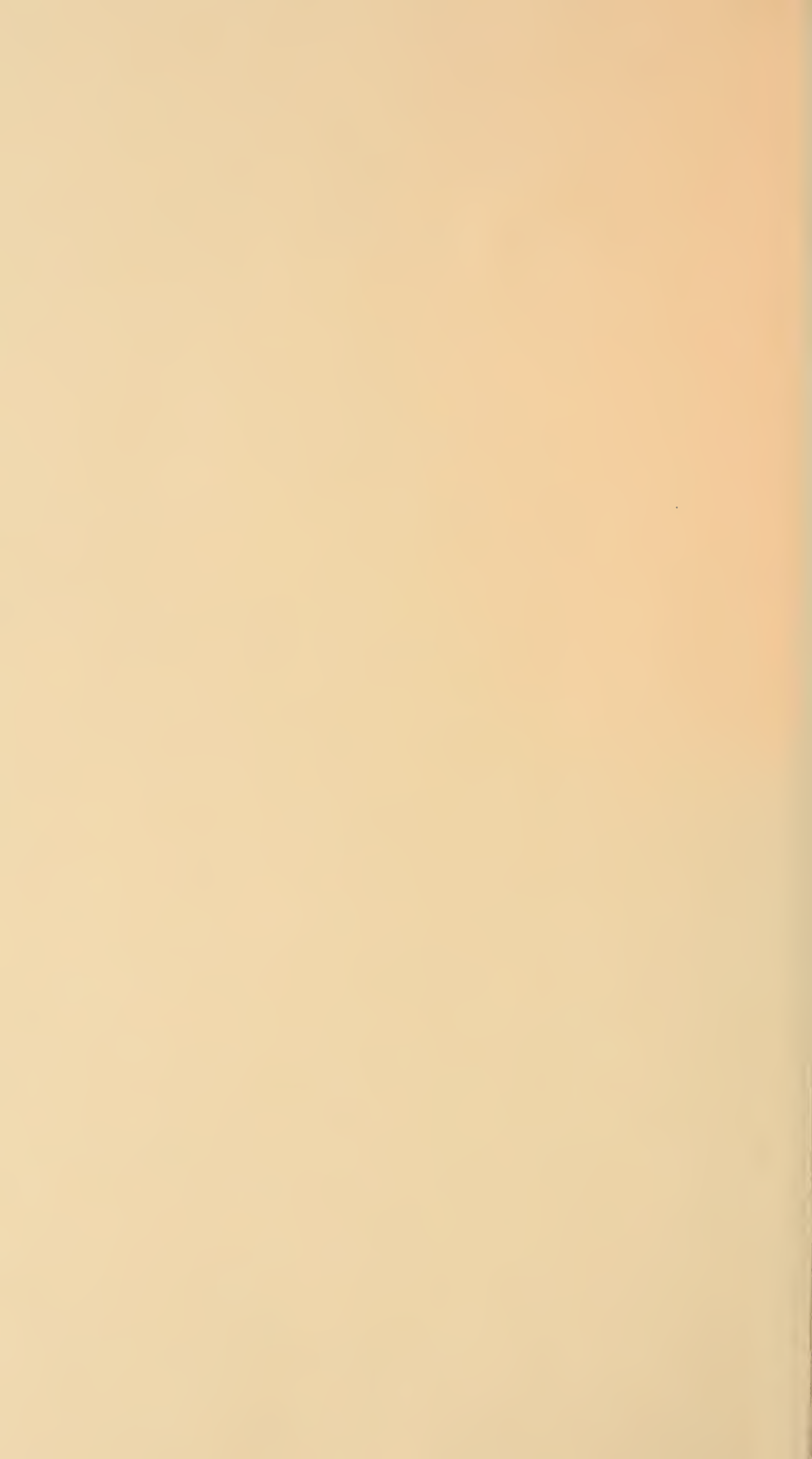
But the most valuable classes of medicines in this stage, are tonics combined with sedatives or anodynes, bark, sulph. quinine, sulphate and carbonate of iron—particularly the two latter. The iodide and citrate of iron may also be employed. These medicines are most serviceable when the patient is pale and ex-sanguine, the circulation languid, the digestion weak, and the mind feeble or melancholy. Large doses are not advisable, but small ones continued for a length of time, are most useful. Thus I have found from five to ten grains of the carbonate, or  $\frac{3}{4}$  to  $1\frac{1}{2}$  grains of the sulphate sufficiently large; or one grain of the sulphate of quinine, combined with extract of hyoscyamus or some other sedative, may be given three or four times a day. Shower baths may also be employed in this stage. These should in general

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The following table embraces the sixty-six cases which have fallen under my care and which are referred to in this paper. It is regretted that the observations are not all alike accurate, and that the table is consequently incomplete.

No.	Age.	When child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Manner of Single.	Milk and Lactation.	Form of Insanity.	Duration of Insanity when placed under treatment.	Treatment.	Kind of Labour.	Continued under treatment.	Result.	Remarks.
1	21	1st.	10 days after parturition.	Hereditary.		Labour three weeks premature.	M.		Mania.	One month.	Emetics: antimonials: cathartics: warm baths: mental occupation.	Delivered by Instruments.	Three m'ths.	Recovered.	
2	25	3d.	A few days after parturition.	Hereditary.		Exposure to cold.	M.		Monomania.	Five months.	Cathartics: emetics: counter-irritants: warm bath with cold applications on the head.		Five m'ths.	Recovered.	
3	20	1st.	2 or 3 days after parturition.	From injury of the head.			M.		Mania.	Twelve days.			Six weeks.	Improved.	Was prematurely removed by her friends: taken into the country, and died of a prevailing fever.
4	22		Two weeks after parturition.			Exposure to cold: suppuration of mammae.	M.		Mania.	Four weeks.			One month.	Recovered.	Removed by friends prematurely; subsequently recovered.
5	43	9th.	10 weeks after labour, when nursing.				M.		Mania.	Two weeks.	Entire seclusion: laxatives: warm baths and tonics.	Natural.	One month.	Recovered.	
6	27		3 weeks after parturition.				M.		Mania.	Six months.	Active purging, and counter-irritation.		Three weeks.	Recovered.	
7	20	1st.	Soon after parturition.		Shock at seeing her child with a hair lip.		M.		Monomania.	Two months.			Four m'ths.	Discharged improved.	Was removed before she was entirely sane; has since recovered, it is supposed.
8	41		Immediately succeeding abortion.				M.		Mania.	Two months.			Four m'ths.	Recovered.	Had amenorrhea and treated by tincture sen. comp.
9	21	1st.	Shortly after parturition.				M.		Mania.	Four weeks.	Tonics.		Six weeks.	Recovered.	
10	25	1st.	2 or 3 d's after parturition.				M.		Dementia.	Three weeks.			Six days.	Removed.	Prematurely; she was catleptic. It is not known if she recovered.
11	40	4th.	Soon after parturition.		Domestic affliction.		M.		Monomania.	2½ years.			Seven m'ths.	Recovered.	
12	21	1st.	During lactation.			Preceded by inflammation & suppuration of the breasts.	M.		Mania.	Two months.	Counter-irritants; anodynes; tonics; generous diet.		Six m'ths.	Recovered.	
13	27	1st.	Soon after parturition.	Hereditary.			M.		Dementia.	Eight months.			One month.	Removed.	Prematurely; not allowing time to observe the result of treatment.
14	27	5th.	Soon after parturition.				M.		Mania.	Four weeks.			One month.	Recovered.	
15	20	1st.	2 or 3 days after parturition.	Hereditary.			M.		Monomania.	Four months.	Pil., aloes, comp.; active exercise.		Four m'ths.	Recovered.	Suppression of milk followed derangement. She attempted suicide.
16	35	1th.	1 week after parturition.				M.		Mania.	A few weeks.			Six m'ths.	Recovered.	Had a similar attack after birth of third child.
17	29	1th.	2 or 3 d's after parturition.				M.		Dementia.	Thirteen months.	Iodine; shower baths; counter-irritants: emmenagogues.		One year.	Recovered.	After recovery, which was perfect, she said that almost two entire years while she was in a state of dementia, was "a blank in her existence."
18	20	1st.	2 or 3 d's after parturition.				M.		Mania.	Two weeks.	Mercurial and other cathartics: antimony: counter-irritants.		2½ m'ths.	Recovered.	
19	32	9th.	Some weeks after parturition.			Preceded by inflammation of the breasts.	M.		Mania.	Two months.	Purgatives: anodynes: warm baths.		Two m'ths.	Recovered.	
20	30		Soon after parturition.				M.		Monomania.	Ten weeks.	Warm bathing: emetics: tinct. sen., and hiera pica.		Two m'ths.	Recovered.	
21	33	3d.	Soon after birth of 8 months.		Religious despondency.		M.		Monomania.	Two months.			Nine m'ths.	Improved.	Was taken home to have a large tumor removed and died ten days after, in consequence of the operation.
22	21	1st.	36 hours after delivery.		Domestic trouble.		M.		Mania.	Two weeks.	Alterative mercurial cathartics;—pil.—does: comp.		Three m'ths.	Recovered.	
23	19	1st.	6 days after parturition.				M.		Mania.	One month.	Alterative cathartics: antimonials: warm baths.		Five m'ths.	Recovered.	





Number.	Age.	Which child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Milk and Lochia.	Mental or Single.	Form of Insanity.	Duration of Insanity when placed under treatment.	Treatment.	Kind of Insanity.	Continued under treatment.	Result.	Remarks.
24	29	1st.	Twelve days after parturition.			Has been subject through life to periodical head-aches.		M.	Mania.	Nine days.	Alteratives; cathartics; stimulants; tonics.		twelve weeks.	Recovered.	
25	27	2d.	1 month after parturition.					M.	Monomania.	2 or 3 months.			Two m'ths.	Recovered.	Attempted infanticide.
26		2d.	6 weeks after parturition.	None.	None.	Exposure to cold.	Free secretion of milk.	M.	Mania.	10 days.	Antimonial solution and cathartics.	Natural.	Six weeks.	Recovered.	
27	35	1st.	Right after parturition.	Hereditary.	None.		Suckled her child until within 3 m'ths.	M.	Monomania.	Ten months.	Warm baths; laxatives.	Natural.		Improved.	
28	44	9th.	Middle of pregnancy.	None.	None.	Pulse 90.		M.	Monomania.	Four weeks.	Plasters to extremities; infusion of valerian.		Seven weeks.	Recovered.	
29	40	5th.	During lactation, 15 m'ths after parturition.	Great nervous susceptibility.	None.	Pulse normal.		M.	Monomania.	A few weeks.	Pil.: colocynth; mist. rhei. & mag; mag.; int.; tart.; solution antimony; hyoscyamus, &c.		Nine m'ths.	Recovered.	
30	28	4th.	During pregnancy.	Hereditary and 2d. attack of insanity.	None.		Has not nursed her child.	M.	Dementia.	Three months.	Emetics; cathartics; warm baths; tart. emet. oint. to spine; carb. iron.			Recovered.	
31	40	7th.	3 days after parturition.	None.	None.		No lochial discharge. Secretion of milk checked before she became insane.	M.	Lypemania.	Three months.	Laxatives; warm baths; sulph. quinine.	Supposed Natural.	Two m'ths.	Died.	Refused nourishment and was fed by means of the stomach pump during most of the time she was in the Asylum.
32	31	2d.	1 day after parturition.	Strong; having had one or two attacks of insanity.	Death of Father.	Exposure to wet and cold; pulse 112 to 116.		M.	Monomania.	2 or 3 weeks.	Antimonial solut.; warm baths; blue pil.; cecoprotics; cal. squills and digitals; pil.: aloes and myrrh.	Supposed Natural.	Four m'ths.	Recovered.	Within 24 hours after parturition, got up out of bed, took off her bandages and washed herself in cold water; had amenorrhoea.
33	24	4th.	3 days after parturition.	None.		Pulse 130 to 92, &c.	Lochia believed to be checked; milk freely secreted.	M.	Mania.	One week.	Cathar. of calomel, followed by oil and sen.; mustard; pediluvia; antimony solut.; wine; morph; arrow root; warm baths; occasional alteratives; wine whey; camphor; conium; tart. emet. oint. to spine; pil.: aloes and myrrh; tinct. hiera picra and senna; shower baths.	Supposed Natural.	Six m'ths.	Recovered.	Three days after confinement, got up at midnight and went down to the yard; after that period her insanity daily increased.
34	22	1st.	9 days after parturition.	A sister insane and recovered; hereditary.	None.	Pulse 112 to 115.	Secretion of milk suddenly ceased before she became insane; lochia scanty.	M.	Mania.	Five days.	V. S., ice to head; warm baths; alterative doses of cal., followed by cathartics.	Natural.	2½ m'ths.	Recovered.	For three months before confinement had not a natural night's rest, but was otherwise well. First symptoms of insanity getting up and taking off bandages.
35	29	1th.	2 months after parturition.	Supposed family predisposition; sister insane.	None.	Pulse 120; subsequently, 90.	Free and continued secretion of milk until she came to the Asylum.	M.	Mania.	Ten days.	Solut. antimony; opium; warm baths; small doses of calomel and cecoprotics; pil: hydrg. and extract; taraxacum; infusion valerian, &c.	Supposed Natural.	8 ven weeks.	Recovered.	
36	24	1st.	2 weeks after parturition.	None.	None.	Pulse 115.	Free and continued secretion of milk until sent away from her child; lochia as usual.	M.	Mania.	Four weeks.	Calomel and cecoprotics; warm baths; antim. solut.; tart. emet. oint. to spine; cal. and oil repeated; pil.: sulph. iron and quina.	Natural.	Ten m'ths.	Recovered.	Two weeks previous to confinement, had cephalalgia, and two convulsions.
37	25	2d.	Soon after parturition.	Previous to confinement, troubled with watchfulness and irritability.	None.	Pulse at one time as high as 104.	Secretion of milk checked before she became insane.	M.	Lypemania.	2 or 3 months.	Pil.: hydrg; pediluvia; cecoprotics; c. c. temps.; tinct. vid. assaf. and lav.; pills: iron; hosciam and val.; pil. sulph. iron; guiac and aloes.	Natural.	Three m'ths.	Snicide.	She had so far improved that a day was fixed for her return home. It seemed that it was in anticipation of this change she destroyed herself. It appears that she had attempted the destruction of one or both her children previously to being sent to the Asylum.
38	20	2d.	2 months after parturition.		None.	Pulse normal.	Secretion of milk free, and continued until she purposely ceased to nurse her child.	M.	Monomania.	Four months.	Pil. sulph. iron; guiac and aloes; c. c. temps.; hot pediluvia; and ice water to head.	Natural.	2½ m'ths.	Recovered.	
39	22	1st.	2 days after parturition.	None.		Pulse 68 to 120; generally rising 100.	Lochia regular; secretion of milk, though supposed to be scanty.	M.	Mania.	One month.	Mustard pediluvia; infus. senna, c. blue pil.; c. c. temps.; val. and assaf.; ext. conium; pil. aloes; blue mass; carb. iron and cod; camph. mixture; ext. hyoscyam; blisters to ankles.	Natural.	Seven m'ths.	Recovered.	





Age.	Which child.	Period of attack.	Predisposition.	Moral Causes.	Physical Causes.	Menstruation.	Milk and Lactation.	Form of Insanity.	Duration of Insanity when placed under treatment.	Treatment.	Kind of Labor.	Continued under treatment.	Result.	Remarks.
10-24	1st.	Three days after parturition.			Pulse 125.	M.	Lactation scanty; secretion of milk copious, but the child did not take the breasts.	Mania.	One week.	Blue pil. and cal., followed by oil and sen.; solut. of antimony; blisters to ankles; pil. aloes and blue mass.	Instruments (forceps.)	Three m'ths.	Recovered.	
11-23	3d.	8 m'ths. after parturition, during lactation.	None.			M.		Monomania.	Four months.	Blue pill; assafetida.		Five m'ths.	Recovered.	
12-26	4th.	Two weeks after parturition.	Hereditary.		Pulse 95 to 104.	M.	Lochia regular; secretion of milk free, but became checked after the occurrence of insanity.	Monomania.	Two months.	Solution antimony; infusion sen.; c. camphor mixture.	Natural.	Two m'ths.	Recovered.	After returning home and continuing well for a period, committed suicide. Her mother also committed suicide while laboring under puerperal melancholy.
13-23	1st.	9 m'ths. after parturition & during lactation.	None.	None.	Pulse natural in frequency.	M.	Child weaned two m'ths. after development of insanity.	Lypemania.	Four months.	Cal. in cathartic doses; sen. infus.; blisters to ankles and spine; ant. solut.; c. c. temps.; shower baths; pill aloes; c.		One year.	Recovered.	
14-26	6th.	4 weeks after parturition.	None.			M.	Lochia as usual; secretion of milk free. Nursed her child until she became insane.	Mania.	Two weeks.	Pil.; colocynth; c. and mag.; sulph. solut. antim.; warm baths; c. c. temps.; oint. ant. tut. to spine; ice-water to head; mustard pediluvia; shower bath; pill aloes and myrrh; seton.	Natural.	Six m'ths.	Recovered.	
15-21	1st.	Two days after parturition.	None.		The use of gin soon after labor. Pulse 95 to 115.	M.	Lochia as usual; milk freely secreted; nursed her child 2 or 3 days after her insanity.	Mania.	Two weeks.	V. S.; leeching; purging; blisters to thighs; spts. minder; cal. and oil; pediluvia; tart. ant. and ipecac; pill aloes and myrrh; warm baths.	Natural.	24 m'ths.	Recovered.	
16-26	5th.	8 days after parturition.	Hereditary; insane once before, after last confinement; an aunt insane.		Pulse 120.	M.	Lochia as usual; milk properly secreted.	Monomania.	Five days.	Cal.; cathartics; eccoprotics; blue pills; valerian infus.	Natural.	Seven weeks.	Recovered.	
17-29	1st.	4 months after parturition.		Loss of mother two w'ks before confinement.	Pulse 120.	M.	Lochia as usual; milk plentiful; nursed her child until after she became insane; menstruated while nursing.	Mania.	One week.	Gr. iv. doses of calomel, followed by oil and eccoprotics; warm baths; small doses of cal. to cause pyalism; wine and arrow root.	Natural.	13 days.	Removed home.	Removed home by friends and died five or six days after. No pyalism or constitutional effect from calomel.
18-25	1st.	6 weeks after parturition.		Religious differences with her husband.		M.	Lochia as usual; milk plentiful; nursed her child until six weeks old.	Monomania.	Ten days.	Morphine; laxatives; warm baths; tart. emetic ointment.	Natural at 7 months pregnancy.	Two m'ths.	Recovered.	
19-22	1st.	4 days after parturition.	Hereditary, her brother had been insane and recovered.	Loss of oldest child 3 w'ks before birth of 2d.	From restlessness of fingers pulse could not be felt.	M.	Lochia as usual; milk freely secreted.	Monomania.	Ten weeks.	C. c. temps.; pill aloes & myrrh; warm baths; carb. iron, and ex. con.; infus. valer.	Natural.	Three m'ths.	Recovered.	
20-19	2d.	3 or 4 weeks after parturition.				M.	Lochia as usual; secretion of milk checked after she became deranged.	Monomania.	Ten weeks.	Pil.; carb. iron; aloes and galbanum.	Natural.	Three m'ths.	Recovered.	
21-23	2d.	1 month after parturition.				M.	Lochia as usual; milk freely secreted, but was checked after her derangement.	Monomania.	34 months.		Natural.	Four m'ths.	Recovered.	
22-28	4th.	During labor.	Hereditary.		Pulse 130.	M.	Lochia at first, but checked by her getting up and attempting to jump out of a window; no milk.	Mania.	Put under treatment immediately.	Leeches to thighs and repeated; cold to head; blisters to extremities; cal. and ant.; conium.	Tedious.	One month.		After being treated at home for about a month, with some improvement, was sent to the Asylum, where she continued for two or three years without further amelioration. It is not known whether she subsequently recovered.





Number.	Age.	Which child.	Period of attack.	Predisposing cause.	Moral Causes.	Physical Causes.	Married or Single.	Milk and Lochia.	Form of Insanity.	Duration of Insanity when first noticed and under treatment.	Treatment.	Kind of lactation.	Continued under treatment.	Results.	Remarks.
53	20	2d.	5th or 6th month after pregnancy.	Hereditary: her father insane.		Pulse sixty and feeble.	M.	Milk and lochia quite natural.	Mono-mania.	3 or 4 months.	Blue pill with ipecac and ex. hyosciam: aperients; mustard pediluvia; wine whey.	Natural.	Two m'ths.	Recovered.	
54	25	1st.	Five days after parturition.			Pulse natural.	M.	Lochia, tho' not copious; milk freely secreted.	Mania.	Three months.	Leeches to thighs; tinct. sen. and hiera picra.	Natural.	14 m'ths.	Recovered.	Had seven or eight miscarriages before giving birth to a living child.
55	29	4th.	During lactation.			Pulse natural as to frequency; feeble.	M.	As usual.	Mono-mania.	Five weeks.	Weaning; generous diet; laxatives.	Natural.	3 or 4 m'ths.	Recovered.	Had three attacks of insanity before; two of these after child-birth.
56	20	1st.	6 months after parturition.	Hereditary: constitutioned; having been insane previous to marriage.		Pulse feeble; natural as to frequency.	M.	Both as usual.—Nursed her child until after derangement.	Mono-mania.	Two weeks.	Warm baths; pil. aloes comp.; pills blue mass and colocynth.	Natural.	Three m'ths.	Recovered.	
57	35	3d.	3 or 4 months after parturition.			Pulse natural.	M.	As usual.	Mono-mania.	2 or 3 months.	Blue pill: sulph. iron and ext. conii: mist. carb. iron and morphiae.	Natural.	4 or 5 m'ths.	Recovered.	
58	35	6th.	Ten months after parturition.		Anxiety about domestic affairs.	Pulse 130 to 150.	M.	Nursed her child until taken ill.	Mania.	One week.		Natural.	Two m'ths.	Recovered.	
59	30	1st.	During lactation, 10 m'ths after parturition.		Death of husband six m'ths ago.	Pulse 130.		Nursed child until she became deranged.	Mania.	One week.	V. S. antimony: bellad: blisters: ice to head: camph. and hyosciam: wine whey: wine: brandy: chicken broth: carb. ammoniac.	Natural.	10 days.	Died.	
60	30	3d.	During pregnancy.	From former attack.	Loss of children.		M.		Mono-mania.	Two months.	V. S. and cupping.	Natural.			Result unknown.
61	23	1st.	2 or 3 weeks after parturition.		None.	Natural.	M.	Lochia scanty, and ceased after 10 days: no milk.	Mania.	7½ months.	Shower baths; oint. ant. tart.: issue: tinct. conii and hyosciam: blue pill and sulph. magnes.: pil. aloes.	Tedious; 3 or 4 days; instrument; perforation of child's head, &c.	Nine m'ths.	Much improved, but not entirely restored; returned home & when last heard from, pregnant.	
62	21	1st.	6 m'ths. after parturition.		None.	Pulse slow and small.	M.	Nursed her child until she became deranged.	Mono-mania.	Four months.	Cathartics: blue pills; leeches: tart. emet. oint.: pill sulph. iron & aloes.	Natural.	Two m'ths.	Recovered.	
63	35	1st.	1 week after parturition.	From a former slight attack when young, but nothing hereditary.	Fright from convulsion of infant when 4 or 5 days old.	Pulse 115 to 120.	M.	No milk: lochia plentiful.	Mania.	Three weeks.	Blue pill: pil. colocynth: mixt. rhub. and magnes.: tinct. hyosciam: infus. gent. compound.	Natural.	Two m'ths.	Recovered.	
64	23	1st.	Three m'ths after parturition.	Hereditary: her mother was slightly and temporarily deranged.		Pulse 80 & soft.	M.	Nursed her child until she became insane.	Mania.	Two weeks.	V. S. without relief, followed by blue pill and aperients: ext. hyos.: sulph. iron: cold bathing: counter-irritation by tart. emet. oint.	Natural.	Three m'ths.	Recovered.	
65	41	10th.	2 m'ths after child-birth.	Decided. Her sister and other relatives insane.	None.	Pulse not frequent except when excited.	M.	Natural.	Mania.	One week.	Weaning: blue pill: ext. hyosciam: laxatives: antimony: opium: tinct. hyosciam.	Natural.	Four weeks.	Recovered.	Third attack of insanity; the first took place after the death of two children by scarlet fever. The 2d about 8 years ago and 5 m'ths after child-birth, during lactation, when reduced by a low diet.
66	23	3d.	9 days after confinement.		None.	Pulse 130 to 140.	M.	Both natural.	Mania.	One week.	Blue pill and laxatives: tinct. hyosci.:—opened both breasts which suppurated and discharged freely:—wine: oint. ant.: tart. warm b'ths: digitalis: pill sulph. iron and soda, and pills of sulph. iron and gentian.	Natural.	Seven m'ths.	Recovered.	





be light, the water made to pass through small openings, and its fall inconsiderable; otherwise the shock will be too great, and the patient will not take the baths regularly.

*Emmenagogues* may be used with advantage in a considerable proportion of the cases of puerperal insanity; though it often happens that the mind of the patient is entirely restored, while the menses remain quite suppressed. Whatever contributes to improve the general health, goes to re-establish the menses; but after the former has been restored, it often becomes necessary to use means for the re-establishment of the catamenia. Aloes in some form or combination is the most useful of these and may be given in the form of pills with myrrh, &c., or in tincture with *hiera picra*. Hip baths and hot pediluvia, may also be employed at the expected periods.

Horse-back exercise and tonics may also be used with good effect. If the mind however be restored, we need not be so anxious for the return of the menses; for this result will generally, sooner or later, follow without the use of remedies.

When insanity occurs during gestation, we may suspect a strong predisposition, and should not look for a restoration of the patient's mind before delivery, though I have known recovery to take place months before this period. Under these circumstances, active medical treatment is of course both impracticable and unsafe. Our remedial efforts must be chiefly hygienic;—we must examine closely into the physical condition of the patient, and if there be found any sources of irritation or diseased action connected with pregnancy, these must be as far as possible removed. Congestion or increased vascular action of the brain, may be treated by blood-letting, either local or general, with better promise of success perhaps, than in other forms of insanity. Constipation of the bowels must be obviated. If insanity have arisen from accidental circumstances, having no connec-



tion with pregnancy, these must be removed. Change of scene, and a general observance of the laws of hygiene will be requisite. Much attention should be paid to the diet and exercise of the patient under these circumstances; and if she can be persuaded to follow any rules on these subjects, they will do more to carry her through the period of gestation, than any medicines she can take.

When insanity occurs during *lactation* and seems to depend on it, the first step to be taken in its treatment, will be to wean the child. The appearance of the patient generally points out the necessity for this course. She will be observed to be pale and emaciated, with a feeble pulse, cool surface and a demented or melancholy cast of countenance. Change of air and scene will also be of great service. Tonics, iron, bark, bitter infusions, wine, generous diet, are especially indicated in this particular variety of derangement, and will seldom fail to restore both the mental and bodily health of the patient.

In cases of puerperal insanity, the important question will almost always arise—shall the patient be removed from the bosom of her family, when there exist many circumstances unfavorable to her recovery, and shall she be placed in seclusion? The same general rules should guide our judgment in these, as in other cases of mental alienation, but with greater reserve; for this is a disease of shorter duration, and often terminates favorably in a few weeks;—while on the other hand, it is sometimes fatal in a few days. Besides, it seems to be a greater violation of the sympathies to separate a female under these circumstances from the strongest tie in nature—that which binds a mother to her offspring. In a great majority of cases however, such a course is absolutely necessary, not only for the recovery of the mother, but also for the well-being of the child.

In conclusion, I can not submit the facts and reasonings

contained in this essay, without distrust. I am induced however, to give them publicity, by the consideration that the attention of physicians may thereby be more pointedly directed to this subject. The extensive field of enquiry offered by our large public institutions, will enable their physicians to collect a mass of facts which will serve to elucidate this interesting subject.

The substance of this article, was delivered by the writer in a course of lectures on Insanity, at the College of Physicians and Surgeons of New York, in 1842-3, and some of the cases embraced in it, were published in the New York Medical Journal.

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### ARTICLE III.

A LEAF FROM AND FOR THE ANNALS OF INSANITY:

BY PLINY EARLE, M. D.,

*Physician to the Bloomingdale Asylum for the Insane.*

Upon becoming connected with the Bloomingdale Asylum, in the spring of 1844, I found among the patients, a negro whom I believe worthy of commemoration, for the purpose of showing how very insane, deluded, and incoherent a person may be, and yet retain good judgment, high principles of integrity and honor, ability of application to manual labor, and the power not of judicious self-government alone, but of exercising a kind, wise, and wholesome control over others.

His false ideas, his incoherence, the complete *bouleversement*, or entire overthrow of some of his mental faculties, will be exhibited in his own words; his other qualities, physical, intellectual and moral, must be recorded in the language of his historians.

He was apparently about twenty-five years of age;



his muscular system well developed; his general health perfectly good. Of an active and energetic temperament, he was disposed to industry, and ever ready to render himself useful.

Rendered efficient as these qualities were by a native ingenuity that enabled their possessor to apply himself to various species of manual employment, and by an accuracy of discrimination, and a perfection of judgment, by which everything that he undertook was well accomplished, it will not be considered remarkable, by those who are acquainted with the management of a public institution, that his services were frequently called into requisition.

Being in the hall occupied by the class of patients most difficult to govern, his assistance was often invoked by the attendant, and was always rendered with efficiency, but with calmness, moderation, and kindness. Indeed, his power of moral control, sometimes exceeded that of the attendant.

Nor was his usefulness restricted to labor within doors. He had the liberty of the premises, and was employed in many of the "thousand and one" miscellaneous duties involved in the management of a large establishment. Hence, he became a self-constituted *major domo*; claimed the Asylum as his property, and was known by no other appellation than that of "General."

He was permitted upon parole, to go to the neighboring villages upon errands, and to the adjacent rivers to catch fish, a recreation in which he took a delight, that would have illuminated by mere sympathy, the countenance of the Prince of Anglers,—renowned Jack Walton.

So long as I knew him, he never forfeited a pledge, but was invariably true, as well as punctual in the performance of whatsoever he might have promised. Nor be this alone said of him. He considered his *word* so sacred, that if the slightest doubt of his faithfulness to

it were insinuated or implied, he was as truly and completely mortified and humbled, his self-respect as much wounded, as if he had been educated in the very hot-house of the principles of honor, and yet without the anger and the disposition to avenge, which in the latter case would have been but too liable to occur.

He talked much, and as will hereafter be perceived, with sufficient incoherence. When addressed, he was always prepared with an answer. On what subject soever he might be questioned, the response was ready the moment the query was fully propounded.

On the morning of the day upon which he left the Asylum, I sent for him to come to my room, where the following dialogue occurred, and was written down as it was spoken:—

*Physician.*—What is your name?

*Patient.*—My name is Judge Hamilton Hambleton Hambleton. I am mayor of the city, and my father was Judge and Sheriff Hambleton, Agrippa, King of Damas-ker, and he gave me this house.

*Physician.*—Where were you born?

*Patient.*—I was not born; I growed in Deevah Foolah, in the furthest part of the South Fenterie. All the people there is Irish, and all the children is Spanish. I grew on to Maraziana, where I was planted again. Then I grew to Morypalet, and lived in the city of Calvary a thousand years, and more too, off and on, for I was sometimes in England. I am General to the Heather-ens, State of Big Ranger, in Regyptia.

*Physician.*—How old are you?

*Patient.*—I'm a 'Thusalem nation years old. I am in the United States of Reguzza. My home is in Bandanna, in Galgotha. If I should lose that, I should never have another. Massachusetts is in Galgotha, and so is China, and Boston and Pennsylvania. Baltimore is a diamond State. I go to steal Delaware, opposite Jerusalem. Je-



rusalem is a gold nation, and Delaware is not. It is in sight of Jericho, and Judea is a thousand miles south.

*Physician.*—Did you have any brothers?

*Patient.*—Yes: I've got a thousand. One named Mr. Horton, one Mr. Ludlow, one Forum, one Mr. Porter, Mr. Leisure, Mr. Nyer; and I have six aunts. That was my aunt walking with me in the city. In the old country they wear large frocks, but in this country they dress in trowsers. But now I'll tell you some more names. Mr. Polan, Mr. Tangle, Mr. Baldwin, Mr. Benham, and Mr. Turner; that's all. All them are Presidents and Generals; big men, as big as from here to Borrow; big-bellied men. There's a big-bellied man in Philadelphia, and another in Baltimore.

*Physician.*—Have you learned any trade?

*Patient.*—Yes: I'm a forgerman, a ship-carpenter; that's what I follow most; a plattender—to make plates—china of all kinds—gold tumblers and gold wires; a tanner, a burn-smith, and gold-smith, and a shoemaker.

*Physician.*—Have you any property?

*Patient.*—Yes: I own all this property I'm on, every bit of it. The city is mine, and I own all the Jersey shore, Massachusetts and Boston, Pennsylvania and New Jersey.

*Physician.*—Have you any money?

*Patient.*—Yes: I have money enough.

*Physician.*—How much?

*Patient.*—My house is full of money; and all the money in the Banks is mine. I'm a Belgian, and the Cashier of the Bank.

*Physician.*—How many dollars worth of money have you?

*Patient.*—Thusalem, thusalem states of dollars: *that* money I'm worth. I'm a laborer; I've got arms in the forqus skies,—in the forqus regions.

*Physician.*—That's all nonsense.

*Patient.*—It isn't nonsense. I'm a General. I've got to stand all the fighting, all the gouging, and all the wars. I've been in a hundred thousand ninety-nine battles; and separate devils makes a hundred million of battles, and more too. I brought twelve women when I came here.

*Physician.*—Are you married?

*Patient.*—Yes: lawfully married by law; the Priest married me in the city, Mr. Consher. I have in this country nine wives, and in my own country, five Almighty's, and fifty thousand other wives; that's all.

*Physician.*—You're trying to make a fool of me.

*Patient.*—No: that's the truth; that's a fact; you may go there and see, when I go home; the expenses won't cost you nothing, because I'll allow it to you free. I'm fifty nations of land. I'm Liberator, Alabroma, Luzherbesh, Rosanna and Regina. I'm a Maber. I make women all day, seventy thusalem women. After that I'm the Son of Man, and the Son of Saviour; that's all I be in this land. Christ is a brother to me, he lives over in Pennsylvania.

*Physician.*—What do you expect to do when you leave this place?

*Patient.*—I'm going into Jersey shore and going to be drowned, take a new frame, a white man, a large, big lord, and then I'm going home and have that Island across the river, sent to Massachusetts, into the Island of St. Gorah. Soon as I'm in Jersey, I'm at home. Everybody there halloes "Hurrah for General Hambleton!" when I go over there. I'm a traveller and have a big-headed cane, to go to Boston. That's my country, and I'll live there if I please; but I don't want to. I want to hurry on and get to Dublin city, then I'm going to Jericho, and may be I'll stop there awhile, I don't know. I have an Asylum in Jericho. It is locked up though; nobody lives in it; it's in sight of the city. If I stop there, it will be to save God Almighty. He was imprisoned in the jail



there, and after he was liberated he was sent to the Asylum, to sail vessels. He gave the Asylum to me, and counties, states, and judgments of money. He gave me some rivers of money, and a thousand states of money, every day, to sail four vessels for him, and to take care of seven hundred women and one God, and he to pay all the debts and all the clerks of the Asylum. He pays them counties of dollars a month. I have three years to sail for him, and he is to see that we clear a hundred states of money a day. We can clear that easy enough. I've cleared that by my Asylum.

*Physician.*—How are you to take care of the Asylum if you are sailing?

*Patient.*—I am to leave somebody I can trust. I only want one to sit and keep the books, and one woman—the woman I've got; her name is Miss Baldwin—that's the house-keeper—she's a white-haired woman—grey-haired woman, ten foot high; the tallest woman I've seen in some time. She's over in Jersey, only about forty miles from the shore. I shall have a hundred nurses. I've seen them all; they're good looking people. The patients all lisp, like the French. God Almighty wants them broke of this, and Miss Nigrish is going to do it. She's a short, hump-backed woman; she's been here—was here last fall. Dr. Minet is to be the first Doctor. I shall have four Doctors. It's a very big house—will hold fifty thousand; that's the big part will hold so many. It has a steeple on it. The little part will hold a hundred; the next little part a hundred; the next fifty, the next forty; that's all. You may be one Doctor if you've a mind to. We don't allow any man to sleep in the Asylum. We have a big Hotel and Bank. It's a little town, twenty-four miles round; a wall running round, twelve feet high, and more too, with iron pickets on the top, as big as your arm. The men will all sleep at the Hotel.

*Physician.*—I think your plan is a good one.

*Patient.*—I guess 'tis ; I have a large farm and a large barn, fields, stables, peach orchard of twelve miles of peaches, two miles of cherries, ten miles of apples, twenty miles of pears ; big pears, don't get ripe till very late,—blue-bell pears, big round as your fist, most as big round as your head. There's a good blacksmith shop, goldsmith's shop, and carpenter's shop ; that's all the shops there is. There's a cabinet shop, but we don't use it ; the man is dead that used to make bedsteads and bureaus. His name was Feenly ; he died of the Cholera. He got sick in the morning, eating cabbage. He stole his wife's cabbage and eat it, and it killed him. He is buried in the Asylum ; he's the only one buried there.

*Physician.*—Shall you use tranquilizing chairs and straps on your violent patients ?

*Patient.*—No : nothing but the hard bed. Give them a hard room, nothing kept in it, and they never will do anything wrong again.

*Physician.*—Shall you spend your life at that Asylum ?

*Patient.*—No : I shall stay about three years, and then go away. I'm going to Bandanna then ; that's my home, all my family live there ; I'm going to stay at home then. I shall be a rich man, a Maker.

I have a country Asylum at Jericho, but there's nothing in it ; can't keep anything in it ; it has been haunted ever since it was built. I don't know what makes it haunted. It's a white one, and has a hundred doors in it. I slept in it one night, and I got all but tore up. I had an old quilt on the bed, and it got torn all up. I got up and went out doors to see what ail'd the house ; went top of the house, I did, but I didn't hear anything only the wind blowing, and the doors slamming with a sound "*wham, wham, wham.*" In the morning I see a little boy sitting in the door, and he said, "you must never sleep here again, for you'll be torn up. There's never any man slept in it." Then I gave it to Mr. B——, if he would sleep in it one



night. He tried it, but he could'nt sleep, and came back all in his shirt-tail. Now I'll give it to any man that will take it; he's welcome to it.

(Remark.)—You must have dreamed all this.

*Patient.*—No: I never dream't it in my life.

*Physician.*—What do you dream?

*Patient.*—I don't dream nothing but Generalship. I dreamed last night, three large frigates, and three captains,—Captain Jewel, Captain Tacker, and Captain Boker. The mate's name is Mr. Seek; the next mate Mr. Carco, and the next, Mr. Dinner. Mr. Dinner gained the day. I was dreaming to whip General Wine, and I whipped him.

*Physician.*—Did you dream nothing more?

*Patient.*—No: there was plenty of money on board the ships; one hundred chests of money. I'm a dumb man, named Foorsh, when I am dreaming. All the Hambletons are dumb men.

*Physician.*—You told me once that you were a diamond gallows. What did you mean by that?

*Patient.*—Why, I'm the gallows what hangs people, you know. Supposing a man had to be hung, they come to the waters of wine, then go to the Mayor, and I go and find the gallows.

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## ARTICLE IV.

### HOMICIDES—SUICIDES, &c.,—BY THE INSANE.

The following instances of Homicides, Suicides, and Incendiary acts by the Insane, may be of some service, when thus collected together. They have been selected from various recent newspapers, and may serve in the first place, to awaken attention to the importance of care-

fully watching and guarding the Insane who are at large, as in several instances, it will be noticed that the insanity was known to exist before the commission of the act. This is particularly true as regards the numerous suicides of which we read.

Secondly. This collection may be of use, to establish the fact, that in some instances, there is no evidence of insanity, previous to the homicidal act, though the circumstances under which it was committed, and the subsequent conduct most clearly show that it was solely the result of the most deplorable derangement of mind.

Thirdly. It may serve to make known the fact, that the amount of property destroyed by the insane, by burning buildings, &c., is very great, and probably equals what it would cost to provide safe and comfortable asylums for them, and that therefore, irrespective of any special benefit to the insane themselves, it will be wise economy to thus provide for them.

INSANITY.—An insane man by the name of Samuel Putz, of Norristown, Pa., in a temporary fit of insanity, locked up his whole family in a room, threatening them with death if they attempted to leave. A young man named Johnson coming in at the time, Putz rushed upon him with a naked knife and stabbed him in the abdomen, of which wound he died in 24 hours.—*N. Y. Sun.*

DREADFUL EFFECT OF INSANITY.—The Bowling Green Gazette of the 8th says:

Jacob G. Drake, of this county, who for several days previously was seen to be deeply despondent and distressed on account of his family, his debts, and his destitution, on Sunday last, in a fit of derangement, killed his little child, and, with a piece of plank, bruised, mangled, and, as was at first supposed, killed his wife. Her skull was broke, and many severe wounds inflicted upon her head; and then he attempted to kill himself with an



old case-knife, cutting his throat from ear to ear. He is still living, and his wife may perhaps recover.

Mrs. Machelfresch, of Rossville, Ohio, murdered two of her own children while in a state of insanity on the 11th inst. One was a little boy about four years of age, and the other a child of nine months.—*N. Y. Tribune*.

SERIOUS OCCURRENCE.—Mr. Palmer, a man of 63 years of age, residing in the south-west part of Hamden, was very seriously injured last evening by an insane man, named William Brown, who lives just within the limits of the town of New Haven, and next house to Mr. Palmer. This Brown has been insane about seven years, and was for a time in the Retreat at Hartford. Though occasionally violent, he was not generally considered by the neighbors as especially dangerous. He has always appeared inoffensive and friendly towards Mr. P. until last evening, when with no previous indications of unusual mental alienation, and without any provocation, he suddenly knocked him down by a blow on the head, and afterwards violently jumped upon his head three successive times. The skull of Mr. P. is fractured, and his case is very dangerous. This occurrence strikingly shows the insecurity and impropriety of suffering lunatics to run at large.—*Columbian Register, Ct.*

HORRID.—A Mrs. Mair, of Freedom township, Ill., on the 1st inst., in a fit of insanity, threw her infant on to the fire, by which it was burnt to a crisp. The little sufferer made frequent attempts to creep from the flames, but as often did the insane mother thrust it in again, until it perished amid the embers. Mrs. M. has heretofore been subject to fits of mental aberration.

MADNESS AND MURDER.—The Miner's Express states that at Potosi, (Ill.,) a Mrs. Goodrick, the wife of David Goodrick, in a fit of insanity, strangled her own two children to death with a handkerchief. The oldest was a boy

about 5 years old, and the other a girl 5 or 6 months old. It appears that Mr. Goodrick had been absent from home all day, and that on returning home in the evening, he discovered his wife at the bed-side, trying to stab herself with a knife; upon his speaking she desisted, and directed his attention to the two dead children. Aid was immediately called, and the mother raving and frantic, was put in confinement. She seems to have been attacked with a sudden fit of madness, of which it is said no premonitory symptoms had ever been apparent.

LOCKPORT, *April 7, 1847.*

**SUICIDE—DEATH OF MOTHER AND CHILD.**—The wife of Mr. Ceylon Otis, a resident of the Lower Village, committed suicide and at the same time caused the death of an infant child, yesterday morning between eight and nine o'clock, under the following circumstances. It appears she took the child in her arms and got into a hog-head that was partly filled with ice, having on the top about eighteen inches of water, and bent over so as to bring her own face and that of the child under the surface. When discovered, the mother and child were quite dead. She had been slightly deranged for some time back, and no doubt was insane when the act was committed. She was a woman of much worth, and highly esteemed by all who knew her.—*Niagara Cour.*

**A SHOCKING AFFAIR.**—A melancholy event occurred at South Windham, in this county, on Thursday night last. Mrs. Martha Stevens, (wife of Mr. Albert Stevens, a trader in that village,) had been confined about a week before, and on the night named, while lying in bed with her sister, who took care of her, she asked her for a handkerchief, which the sister handed to her. This was about ten o'clock. At 12 her sister again awoke, and to her horror found a piece of the handkerchief about the infant's neck—and another around that of her sick sister. They



were both strangled to death! A physician was called, but it was of no avail. This was the only child—they having been married but about a year—were in good circumstances, and everything appeared auspicious and happy about them. Mrs. S. was 25 years old. This shocking event is one of the mysterious occurrences which can only be accounted for on the ground of a sudden paroxysm of insanity, that must have caused the hand of the mother to have been raised, with so fearful results, against her infant and herself!—*Portland American*.

DEATH OF A LUNATIC IN PRISON.—G. H. Bruen, City Coroner, was called on Sunday last to view the body of Patrick M'Laughlin, who was found dead in his cell at the county prison. He was confined there on a charge of burning a shantee in the Township of Bloomfield, and has since the 10th of June, 1843, (the time of his commitment) been constantly insane, without any lucid intervals. He was not tried upon the charge against him, because of his condition. There was no evidence that there had been any neglect shown him by the keeper.—*Newark Adv.*, Feb. 4.

DISASTROUS FIRE CAUSED BY AN INSANE SON.—On Wednesday night last, a fire occurred on the farm of Thos. Mc Lean, of Fayette township. His barn was totally destroyed with all its contents, viz: 180 bushels of oats, 80 do. of rye, 80 do. of wheat, 6 horses and 5 cattle. His dwelling was also on fire, but the flames were arrested before much damage was done.

This calamity was brought upon Mr. Mc Lean by an insane son. He set fire to the barn and house at the same time, and the whole family might have perished, had they not been awakened by the smoke.—*Pittsburg Post*.

THE SUICIDE AT BROOKLYN.—It has been ascertained that the gentleman of whose supposed suicide we gave

an account yesterday, was Mr. ———, and that he had been a resident of New York, for some time. On the inquest, his brother said that he saw the deceased about 12 o'clock the previous day, when he appeared as usual. He had for some time been subject to despondency, with occasional aberration of mind.

The verdict was rendered---“died in consequence of taking laudanum while laboring under mental derangement.”

**THE OSTERVILLE TRAGEDY.**—The tragedy at Osterville, in the supposed murder of an infant, of which we gave a brief account the other day, has developed itself, as was to be anticipated, as an act of an irresponsible agent, under the influence of insanity. On Thursday last, an examination was had before Hon. Nymphas Marston, Judge of Probate, under the representation of the husband and father of Mrs. Hinckley, the mother of the deceased child, under the 6th section of the 48th chapter of the Revised Statutes, relative to persons dangerously insane. Three respectable physicians, Doctors Ford, Jackson and Doane, of Barnstable, examined the patient, and gave a decided opinion that it was a case of monomania.

It appeared in evidence that this unfortunate young mother, who is now but twenty years of age, was, when a child, in 1839, bitten in a swamp by a snake, in the heel, which at the time had a serious effect upon her nervous system. That subsequently at intervals, the symptoms reappeared, and though happy in her domestic relations, and of a naturally cheerful disposition, she was at times subject to morbid melancholy, and on two or three occasions attempted suicide.

The last visitation of this affliction was in 1843, when her present husband, then engaged to her, himself rescued her from an attempt to drown herself, for which there was no known or supposed apparent cause. They were attached to each other from childhood, and with a



knowledge of all the circumstances on the part of the husband, they were married in 1845, and have always lived most happily together, residing in the family of the father of the husband, Mr. Oliver Hinckley, ship-builder, and a most exemplary and estimable man. Young Mrs. H. was a member of the Methodist church, and a sweet singer in Israel.

In January, 1847, and again in April, two attempts were made to fire the dwelling house of the father, Mr. Hinckley, which excited unusual alarm in the quiet and moral community in which such a crime was unheard of. All attempts to discover the incendiary failed.

At another time, subsequently, and before the birth of the child, the family, on returning home, found an image in front of the house, dressed from the clothes that hung in the yard. In June last, the family were again alarmed by some occurrence, and there was found written on the door with chalk, "It is me—are you frightened?" The young mother, who possesses uncommon beauty, was apparently happy in the birth of her child, which was two months old on the day of the sad catastrophe. On that day she was left at home with her child, and had dressed it in its best apparel and laid it down to sleep near the door, where it was seen by a neighbor. Soon after, while the people were at church, they were alarmed with intelligence that the child was lost, and in about an hour afterwards it was found in the water, about half a mile from the wharf, opposite the house of Mr. Hinckley, the tide flooding in a strong current in that direction.

An investigation was had, the county scoured, an inquest was held, yet no trace of the supposed murderer was found, and the peaceful village was thrown into terror and horror at the mystery of such a crime in such a community. On Monday, when the funeral was to take place, the plan was suggested by some, and in the

general consternation acceded to, of making all in the village attest to their own innocence, in the presence of the dead child. No oath in form was taken, because no one could be authorized to administer an oath, except upon an inquest of the Coroner, but solemn asseverations were made, and perhaps some few might have expected a special interposition of Providence to expose the murderer. It was wrong, but perhaps not inexcusable, under the extraordinary state of excitement and alarm, and the acquiescence of some of the relatives, that the mother was required to pass through this ordeal. No satisfactory result followed, and after a long delay the child was buried at 8 o'clock on Monday evening.

On the following day, or the next, words fell from the mother to her own sick mother, which led to the belief that she had caused the child's death. Of this there can now be no doubt; nor can there be any doubt that so far from being guilty of the murder of the child she loved and nursed so tenderly, she is herself the victim of a mysterious monomania, that again tempted her to take her own life, but led to the loss of that of her child. In the same confession she would declare that she did not do it, and could not have done it, and that she was tempted and could not help it. From the incoherency of her own relation, it would seem that she was tempted to take her own life on Saturday, but made no attempt; that on Sunday, when left alone, she went with the child to the wharf, which was an open space, before the house and very near to it, and sat down on the wharf, meditating on throwing herself in. But the thought came to her that no self-murderer could enter into heaven. In this condition the child got out of her arms, either fell or was thrown—for it is impossible to determine which, but most likely the former, and was swept by the rapid current out of her reach.

The actual terror in which she appeared at the next



neighbor's, and gave the alarm of the loss of the child, indicated both distraction and insanity, and favors the supposition, as do many other acts, that even in her insane purpose of self-destruction, the falling of the child into the water was accidental, and not her own act. In no event, however, is there any crime, but a deep affliction, from which we trust this unfortunate young woman will be relieved and restored to herself and to her afflicted husband and family.

We derive these facts from a friend who saw this unhappy person on Friday night, at the United States Hotel, on her way to the Worcester Asylum, accompanied by her husband.—*Boston Post*.

*Note, by Editor Journal Insanity.*—On inquiry of Dr. Chandler, Superintendent of the Worcester Hospital for the Insane, where Mrs. H. now is, we learn that the foregoing account is substantially correct. He adds that Mrs. H. has had several attacks of insanity during the last six years, and frequent desires to destroy herself, burn buildings &c.,—that she is now to a good degree rational, and feelingly deploring the death of her child.

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#### NOTICES OF BOOKS AND ARTICLES ON INSANITY.

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A Treatise on the Practice of Medicine, by GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy, in the University of Pennsylvania. Phil. Vols. 2: pp. 798, 840.

Thirty-nine pages of this work are devoted to insanity; not enough we hope to satisfy practitioners of medicine, who are, we regret to say, too prone to content themselves with brief accounts of insanity, and to neglect the large treatises on this important and increasing disease.

This article however by Dr. Wood, is an excellent one; the best we think that we have seen in any practice of Medicine. It is a good synopsis of the present state of our knowledge on mental diseases. Another article in the same work, on *Functional Diseases of the Brain*, is very deserving of attention.

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Dissertation delivered before the New York State Medical Society, February 2, 1847, by JOHN MCCALL, M. D., President of the Society.

The subject of this address was well chosen, viz: *Mental Manifestation in Health and disease*. "The enlightened Physician," says the author, "is the only true minister and interpreter of human nature,—to the domain of medicine belongs exclusively the philosophy of mind, in health and disease."

The author's views of insanity, will be learned from the following extracts:—

“Diseases of the brain, whether functional or organic, together with injuries or lesions of its masses, affecting their delicate structure and healthful actions, disturbing, as they often do, and even suspending or effacing, for a time, every ray of mental thought and feeling, as in the case of Jones, detailed in Sir Astley Cooper's work on Surgery, prove, as I humbly conceive, most conclusively, the use and importance of the brain in mental manifestation.”

“Fortunately, this disease, in all its forms, is now engaging in its behalf, and with intense interest, many of the ablest members of our profession, in every part of the world. For ages this evidence of diseased brain was regarded as an infliction from Heaven, upon the mind or soul whilst its clay tenement, the body, was supposed to be sound and free from disease. Fortunately the light of physiology and pathology has now dissipated forever, all such strange vagaries.

“And here, gentlemen, permit me to express my conviction, in strong terms, respecting the great necessity of our acquainting ourselves thoroughly in this department of medicine, and indeed with medical jurisprudence generally. Nothing can tend more to elevate our profession and render it a blessing to our race, and an honor to ourselves, than such attainments. And without this knowledge we shall poorly fulfil the great purposes of medicine. Our professional services too, as witnesses, will be frequently required to decide questions of great moment, involving not only reputation and character, but life itself.”

“Insanity, in my view, is not a disease; it is only a symptom or sign of disease of the brain, either functional or organic. Affections here will vary in their symptoms just as with other organs or tissues, according to the difference of function in each case. Different parts of the brain perform, as you know, different offices.”

Many interesting facts well worthy of attention and calculated to awaken thought and inquiry, will be found in this excellent address, the perusal of which we recommend to our readers.

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Proceedings in the trial of JEREMIAH DARBY, for the murder of his wife, in the Circuit Court for Montgomery county, May 19, 1847: Reported by J. J. HUTCHINSON, Esq.

The proof of the insanity of the prisoner was so abundant, that the Jury immediately brought in a verdict of not guilty. Darby had been insane two or three years and had been in the Lunatic Asylum at Milledgeville, Ga., from whence he made his escape. He had many delusions and was known to be dangerously insane,—had previously assaulted his wife and tried to kill her, and threatened the lives of others; and it is very surprising that he was suffered to go at large. He is now in the Lunatic Asylum, at Milledgeville, Ga.

The published account of this trial is very interesting, and appended to it are references to authorities, legal and medical, on homicidal insanity, by the able counsel for the prisoner, JEF. BUFORD, Esq. These are valuable, and we hope hereafter to present them to our readers, with such additional ones as come to our knowledge.



A Letter on the condition of the Insane Poor, not resident in Asylums, in the County of Lancaster, Eng., by SAMUEL GASKELL, F. R. C. S.

Mr. G. has ascertained that the total number of this class of persons in the county of Lancaster, is 688—of which number 185 had been attacked by insanity, and 503 mentally deficient from birth. Of these latter 198 are idiots, and 305 imbeciles. Mr. G. thinks the latter might be greatly improved by care and instruction, but doubts the propriety of transferring these 503 persons who are mentally deficient, but not insane, to Lunatic Asylums.

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The construction and government of Lunatic Asylums and Hospitals for the Insane, by JOHN CONNOLLY, M. D. London. 12mo., pp. 183: 1847.

This is a re-print, for the most part, of the Lectures on this subject by Dr. Connolly, that have been published in the *Lancet* and extensively circulated in this country. It is a very valuable work and should be carefully studied by all engaged in the construction or management of institutions for the insane.

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The Southern Journal of Medicine and Pharmacy, for Sept., contains an elaborate review of the "Life and Trial of Dr. ABNER BAKER, Jr.," and of other pamphlets published on the subject. Our readers are already acquainted with the case, and have, no doubt, felt indignant that so insane a man should be executed. An awful spectacle truly, and disgraceful to our age and country.

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We have received from Dr. KIRKBRIDE, a large engraved plan of the Farm and beautiful Pleasure Grounds of the Pennsylvania Hospital for the Insane, at Philadelphia. This Hospital has lately been enlarged and is now in a very complete condition. It is an Institution highly creditable to the State of Pennsylvania and to our country.

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## MISCELLANEOUS.

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### INSTITUTIONS FOR THE INSANE IN THE UNITED STATES AND THEIR REPORTS.

In the October number of this Journal, we gave a particular account of each Institution for the Insane, in this country. The total number of patients in these establishments, at the beginning of the year 1846, was 3377. The number at the commencement of the present year, in the same, was 3703. No new ones have gone into operation. The Butler Hospital for the Insane, at Providence, R. I.; the State Lunatic Asylum at Trenton, N. J., and the Indiana State Asylum at Indianapolis, are nearly completed, and will probably receive patients in a few months. Illinois, Missouri and Louisiana, are also about establishing Asylums for the Insane.

Institutions of this kind are now attracting great attention, and their annual reports are sought for and read with increasing interest in this country and in Europe. Great care, therefore, is requisite to make them useful and interesting not only to particular localities, but to the intelligent readers of all countries. The public have a right not merely to accounts of the number of patients, the

recoveries, deaths, &c., but to the details of the entire management of such institutions,—the number of attendants and assistants, and a knowledge of all the *materiel* or means for the comfortable accommodation, maintenance and cure of the different classes of the insane, and how *all* the money received, is expended.

The intelligent public also very reasonably look for useful information, not mere amusement in our reports, for clearness, accuracy and scientific instruction, not vague conjectures and numerous tables of questionable or useless statistics—or laudation of supposed advantages or of wonderful success in the cure of the insane,—not warranted by careful or extensive observation.

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MISSOURI STATE LUNATIC ASYLUM.—We see by the newspapers that this Institution has been located at Fulton, Calloway county,—that town having subscribed about \$14,000 towards the object. Fulton is near the centre of the State, and not far from Jefferson city.

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LOUISIANA STATE LUNATIC ASYLUM.—The legislature of Louisiana at its last session, authorised the erection of a State Lunatic Asylum at Jackson, East Feliciana, about 150 miles above New Orleans, and twelve miles east of the river, on the high-lands. An appropriation of \$25,000 was made for the erection of one wing, which is to be completed within a year. Further appropriations will be made for the enlargement and completion of the Asylum. A farm of 100 acres is attached to it. The insane of that State are now kept in a separate building attached to the Charity Hospital, New Orleans. We understand there are about 80 in it at present.

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PROFESSORSHIP OF INSANITY.—We are gratified to learn that a Professorship of Insanity has been established at one Medical School. The Willoughby University, Columbus, Ohio, has appointed SAMUEL M. SMITH, M. D., Professor of Medical Jurisprudence and Insanity. We think there should be a distinct course of Lectures on Mental Maladies, at every Medical School. Dr. SMITH has some practical knowledge of Insanity, having been an Assistant Physician at the Ohio Lunatic Asylum, for several years.

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#### INSTITUTIONS FOR THE INSANE IN CANADA.

At Toronto, Canada West, is a temporary Provincial Lunatic Asylum. Dr. WALTER TELFER, is the Medical Superintendent. At the date of the last Report, April 1, 1847, there were 132 patients in the Institution, viz: 71 men, and 61 women. At present they are kept in what was formerly the Parliament House.

The government is now building at this place a large Asylum for the insane, calculated to accommodate 400 patients. It is situated on a plain a short distance west of Toronto.

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BEAUFORT ASYLUM FOR THE INSANE, for Canada East, is within five or six miles of Quebec. The building occupied by the insane, was not erected for the purpose to which it is now applied, but it has been fitted up so as to furnish them comfortable accommodations. They are here far, very far, better provided for



than they have heretofore been in this Province, and already a considerable number of recoveries have taken place.

We had the pleasure of visiting it last June, with our esteemed friend, Dr. J. DOUGLASS, of Quebec, who, with Dr. MORRIN, of the same place, has had, we believe, the general supervision of the Institution, and aided much in establishing it. We were much pleased with the comfortable appearance of the patients, and the general management of the Asylum.

Connected with the Institution, which is beautifully situated, are 280 acres of land. At the time of our visit, there were 121 patients; viz: 69 men, and 52 women. Dr. VON IFFLAND, has, we understand, been recently appointed Resident Physician. We hope hereafter to give a more detailed account of this Institution.

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HOMICIDAL INSANITY.—We understand that B. F. HALL, Esq., of Auburn, is preparing for publication, a full account of the trial of Wm. Freeman, (recently deceased,) for the murder of the VAN NEST family, and whose defence, as will be recollected, was insanity. The work is to embrace all the documents and circumstances likely to throw any light upon the case, and, if well done, will prove a very valuable work on homicidal insanity. We hope to review it in our next number.

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## OBITUARY.

Died, near Edinburgh, August 9, 1847, ANDREW COMBE, M. D., aged 49. Dr. Combe had long been an invalid. Twenty-seven years since, the late Dr. GREGORY of Edinburgh, declared that he could not live more than a few months, and in 1842, his medical friends after examining his lungs, thought he could not live but a very short time. The immediate cause of his death was diarrhea, this terminated his life after five days of serious illness. On post-mortem examination, extensive disease of the bowels and lungs was found.

Dr. Combe was well known to the reading world by his useful writings, among which, in addition to contributions to periodicals, are:—

1. Observations on Mental Derangement,—a work of great merit.
2. On Digestion and Diet.
3. Physiology applied to health and education.
4. On the Physiological and Moral Management of Infancy.
5. An Address on Phrenology, its nature and uses.
6. Notes to Beaumont on Digestion.

During the last year he visited the United States, accompanied by his niece, Miss Cox. He arrived at New York the 14th of May, and left again for Europe, the 8th of June, spending most of his time with his brother William, at Jersey City. The only other visits he made were to Philadelphia, West Point, and to his friend, Mr. Boardman, at Brooklyn. He was much pleased with West Point and Philadelphia, and what he saw of this country, and was anxious to see more of it, and especially to visit the Falls at Niagara, but felt too feeble to journey.

Dr. COMBE was never married, but had several brothers and sisters who survive him. His distinguished brother GEORGE, 10 years his senior, we regret to learn, was absent on the Continent at the time of Andrew's death. Their attachment was of the most tender and affectionate kind. Induced and sustained by the cheering encouragement of this elder brother, the younger was enabled to accomplish much, and to leave in his valuable writings, a rich legacy to mankind.

He was aware of his approaching dissolution, and in the full possession of his reason, employed his time in preparing for this event, and in sending messages to his relatives and friends. He suffered but little, and expressed his gratitude to God, that he was permitted to die in so easy a manner.

We hope soon to see from some of his intimate friends, an extended biography of Dr. Combe, and shall wait with much interest for full details of the life of one whose earthly pilgrimage, though short, and one of suffering and sickness, was fruitful in good to his fellow creatures.

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HON. SILAS WRIGHT.—We notice the death of this eminently great and good man, not for his distinguished abilities or high political standing, but solely on account of the deep interest he took in the welfare of the insane and the prosperity of this Asylum. At different periods he had relatives and acquaintances as patients at this institution, and, without exception, no one has ever shown so great an interest in the welfare of friends here, as the late Gov. WRIGHT exhibited. To the truth of this, his frequent letters of inquiry as to their condition, and of consolation and encouragement directed to them, bear ample testimony. On repeated occasions he has written to know if he could not, in some way, 'be of service to some acquaintance of his that was with us as a patient. His letters of this kind exhibit him as one of the most kind and constant of friends, and most anxious and affectionate of relatives. Of one, he says, "could he be made well, I should be a happier man than any other earthly event could make me." It is to us a great satisfaction to know that he lived to realize his utmost hope in this particular instance. He often visited here, and by the simplicity of his manners, his kindness and true genuine sympathy with the suffering and afflicted, won the affections of all who saw him, and his death was deeply felt by a large number of our household, and by some whose sensibilities, blunted by disease, are not frequently aroused.

He died at his residence, September 9th, of Apoplexy, it is generally stated, but this, we are confident, is a mistake. He probably died of Angina Pectoris, or disease of the heart, or blood-vessels immediately connected with it. Having been favored with a letter from his highly intelligent physician and friend, Dr. CLARKE, and obtained other information from undoubted authority, we feel sure that he did not die of Apoplexy. He had worked very hard during the summer, and of late particularly so, in clearing out ditches, loading the earth into a waggon, and in raking, pitching and binding grain, which operations required a stooping position; and while thus engaged, had been twice attacked with sudden and severe pain of the breast, which sitting down, relieved. One of these attacks occurred on Wednesday previous to his death, while he was pitching off a load of wheat in the barn; the other on Friday, while raking. Both days were



extremely hot. These attacks lasted from three to five minutes, during which, he became very pale, sweat profusely, and said the pain in the chest was very severe, extending some to the neck and arms. He was often exposed to the evening air, and not unfrequently to the rain, without coat, vest, or cravat. The evening previous to his death, he worked very hard and late, getting in his wheat. His diet was plain, and his drink cold water, not tasting, on more than three or four occasions, of any wine or spirituous liquor during the summer. By this course of life, labor on the farm during the day, and writing and reading in the night, he had become some reduced in flesh, but enjoyed good health.

On the morning of his death, while at the post-office, he was suddenly attacked with severe pain of the breast, extending to his neck and arms. He described it at first, as a painful sense of suffocation about the heart, and afterwards, as *on* the chest, but not *in* it. Dr. Clarke was called, and says his countenance was pale and haggard, hands and feet cold, the pulse at the wrist weak and fluttering, and in the carotids feeble, tongue and pupils of the eyes, natural. His consciousness was perfect, and he was able to converse. After taking a small dose of paregoric, he seemed better, and, accompanied by Dr. Clarke, walked to his own house, where he took off his coat and boots without assistance, and lay down on the bed. A mustard poultice was applied to the chest and feet, and a small dose of morphine and camphor administered. After ten or fifteen minutes, he was much easier, conversed freely, and said he was much better and thought further remedies would not be necessary.

About ten minutes after this, he remarked that the mustard on the breast was producing a great effect and would cause a blister, which he presumed was not intended, and thought it should be made weaker. Mrs. Wright took it off for this purpose, and had but just left the room, leaving him with her mother, when she heard a strange noise like a person choking, and a shriek from her mother. She instantly returned, but only in time to see his last expiring gasp. No sign of life was exhibited after this. Dr. Clarke came in immediately and found him with a livid, almost black face and neck, eyes open and rolled back, pupils contracted and mouth partly open, the tongue slightly protruded and livid. He attempted to bleed him, but did not obtain more than a tea-cup full of blood, and this from the jugular veins. In two hours the livid appearance of the countenance disappeared and the face became pale.

There seems not to have been any obvious exciting cause of the fatal attack. He eat his breakfast as usual, and then walked to the post-office. The letter he opened and read at the office, was from a relative, and contained nothing the least exciting. He had experienced no mental disturbance that can be ascertained.

Most strikingly similar in the suddenness and manner of the attack, time of day, severity and continuance of the pain, remedial measures and instantaneous death, is the case of Governor Wright to that of Dr. Arnold, the celebrated historian and Scholar, whose life has recently been re-published in this country. We presume both died of Angina Pectoris.

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ARTICLE I.

ON THE CAUSES OF INSANITY,

*As exhibited by the Records of the Bloomingdale Asylum,  
from June 16th, 1821, to December 31st, 1844: BY  
PLINY EARLE, M. D., Physician to the Asylum.*

It was formerly customary with authors on mental alienation, to separate those agents or influences producing, or believed to be productive of the disease, into *remote* and *proximate*, *predisposing* and *exciting* causes. Of late years, and particularly in the annual reports made out by the physicians of the Institutions for the Insane, that custom has fallen pretty generally into disuse.

In many of the cases of Insanity, it is extremely difficult to fix upon any particular influence which we are satisfied was the origin of the disorder. Sometimes two causes are found, and it is impossible to tell which is the predisposing and which is the exciting. That power which in one case may stand in the relation of a remote cause, may in another, become the proximate.



If, therefore, in regard to many of the causes, the modern writers have adopted the safest, and perhaps the most accurate method, by embodying all the generative influences of the disease into one class, and avoiding the endeavor to make a division where it is impossible to draw an accurate line of demarkation, they have perhaps, in reference to some others, fallen into error.

That constitutional condition of the system, transmitted from one generation to another, a condition, which although recondite in its nature, facilitates to a greater or less extent the invasion of mental derangement, and is generally known by the term hereditary predisposition, is invariably a remote or predisposing cause. According to our belief, wherever this natural condition exists, the person will retain the healthy action of his mind until he is subject to some other influence, more immediate, more active, more potent, and the tendency of which is to derange the physical functions of the system, so as to impair the manifestation of the mental powers.

For the reasons stated, we enter upon the subject of hereditary predisposition before proceeding to other causes.

In making up the statistics upon this subject, the relatives known to have been insane are given in full, instead of including the whole number of cases under the general term *hereditary*. Of the fifty-eight males and thirty-nine females placed against that term, in the subjoined tables, the simple fact that an inherited tendency existed, is mentioned upon the records, but the particular ancestor or ancestors who were insane, are not stated.

#### TABLE I.—MALES.

##### *Predisposition from direct Ancestors.*

Hereditary,	58
Hereditary, and sister insane,	1
Hereditary, and brother and sister insane,	1
Hereditary, and daughter	1

Hereditary, and brother	"	1
Father	"	14
Father and mother	"	1
Father and brother	"	2
Father and sister	"	1
Father, brother, sister, and other relatives insane,		1
Father, brother and sister	"	2
Father, two brothers and sister	"	1
Father, only brother, and only sister	"	1
Father, brother, and two paternal uncles	"	1
Father and daughter	"	2
Father and nephew	"	1
Mother	"	12
Mother and brother	"	4
Mother and sister	"	2
Mother and aunt	"	1
Mother, maternal aunt, and cousin	"	1
Mother and paternal cousin	"	1
Mother and paternal grand-father	"	1
Mother and several of family	"	3
Grand-father	"	1
Maternal grand-father, brother and sister	"	1
Maternal grand-father and three sisters	"	1
Paternal grand-father	"	1
		—
Total,		118

## TABLE II.

*Predisposition, as connected with collateral relatives*

Brother insane,	10
Two brothers insane,	3
Brother and other relatives insane,	1
Brother and cousin	1
Sister	7
Two sisters	1
Sister and several of family insane,	1



Brother and sister	"	2
Uncle	"	4
Uncle and several others of family insane,		2
Paternal uncle and cousin	"	1
Several brothers and sisters	"	2
Aunt	"	1
Aunt and daughter	"	1
Grand-father's sister	"	1
Cousin	"	4
Two Cousins	"	1
One of mother's family	"	1
Some of mother's family	"	4
Most of Maternal relatives	"	1
Some of Family	"	2
Several of family	"	11
Whole family	"	1
Having family predisposition	"	4
Distant relative	"	1

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Total, 68

*Descendants.*

Daughter insane,	1
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TABLE I.—FEMALES.

*Predisposition, from direct Ancestors.*

Hereditary,	39
Hereditary and brother insane,	1
Hereditary and a cousin   “	1
Hereditary, a son, and several of family insane,	1
Father	

Father and four step-brothers	"	1
Mother	"	15
Mother and grand-father	"	1
Mother and all her family	"	1
Mother and two uncles	"	1
Mother and aunt	"	1
Mother and two paternal aunts	"	1
Mother and brother	"	2
Mother, brother and sister	"	1
Mother, brother and two sisters	"	1
Mother and sister	"	2
Grand-father	"	1
Paternal grand-father and his brother	"	1
Paternal grand-mother, uncle and aunt	"	1
		—
Total,		89

TABLE II.

*Predisposition, as connected with collateral Relatives.*

Brother insane,		4
Brother, and several of family insane,		1
Sister	"	9
Sister, and several of family	"	2
Two sisters	"	1
Paternal uncle	"	1
Paternal uncle and cousin	"	1
Aunt	"	1
Maternal aunt	"	1
Maternal aunt and brother	"	1
Paternal aunt and matn'l uncle	"	1
Cousin	"	1
Two cousins	"	1
One of family	"	1
Several of family	"	8
A distant branch of family	"	1
Several of grand-father's family	"	1



Having family predisposition	“	4
All of father's family	“	1
		—
	Total,	42

*Descendants.*

Son insane,	2
Daughter insane,	2
Two children insane,	1

Thus, of 1841 patients, 323, of whom 187 were males, and 136 females, are recorded as having one relative or more, insane; this is equivalent to  $17\frac{1}{2}$  per cent. The per centage in each sex, taken separately, is as follows: men, 17.16; women, 18.11.

It is not to be presumed, however, that this is even a near approximation to the number actually having relatives of disordered mental powers. During the first few years of the existence of the Asylum, there appears to have been but little attention paid to this particular subject, and hence the records thereupon are imperfect. There are other important obstacles in the way to a correct knowledge of the full extent of which the hereditary predisposition prevails among the patients admitted into a public institution. These obstacles may, by perseverance, be measurably overcome.

Insanity being a disordered manifestation of the mind, dependant upon some disease of the body, either functional or organic, is subject to the same laws as many or most other maladies to which the human race is subject. Like consumption, gout, diseases of the liver and of the heart, it may attack any person whatever, but is certainly somewhat more likely to prevail among those whose ancestors have suffered from it.

Of the men included in the foregoing table, 118 inherited the predisposition from direct ancestors, and 33 of these had other relatives insane. The remaining 58 had collateral relatives insane, but no direct ancestors. Of

the 52 who had insane parents, it was the father in 27 cases, and the mother in 25. In one of these, both father and mother had been deranged. It is also stated, that two of those included under the term hereditary, had ancestors, both paternal and maternal, who were subject to the malady, and one who had a daughter insane.

Of the women, the predisposition was transmitted from direct ancestors in 89; of whom 67 also had other relatives insane. In the remaining 42, the disease is stated to have appeared only in persons collaterally connected, and in five cases in their children alone. There are 18 cases in which it is mentioned that the father was insane. In one case the father and mother were both deranged. In the case where it is mentioned that the whole family were insane, it is said that all her father's family, which consisted of twelve children, have been insane, and that their insanity did not in a single instance, make its appearance before the age of twenty-one years. Two of her brothers, while insane, committed suicide. None of the third generation have yet been attacked with insanity, although several of them have passed the age at which it made its appearance in the second.

In the following schedule are arranged those instances in which more than one member of a family have been inmates of this institution :

Two brothers were patients here in 7 instances.						
Three	"	"	"	"	2	"
A broth'r and sister	}	"	"	"	2	"
Two sisters		"	"	"	3	"
Two sisters and two of their cousins	}	"	"	"	1	"
Mother and son		"	"	"	3	"
Father and son	"	"	"	"	1	"
Fath'r, dau'-ter, and her son	}	"	"	"	1	"



Mother and daughter	}	"	"	"	"	3	"
Uncle and niece	"	"	"	"	"	1	"

In one of the cases of three brothers, their father was insane, and one of their sisters has been admitted as a patient since the period at which these statistics close.

In one of the cases of two brothers, it is stated that they had several other brothers and sisters insane. In one of the other cases of two brothers, the family consisted of but four brothers, and they all laboured under the same disease.

In one case of a woman admitted previously to 1844, her son has been received since that time.

In one instance in which a young man was the only member of the family admitted into the Asylum, it is stated that his father and two of his father's brothers were deranged, and all of them, as well as himself, had hernia.

It is obvious that the foregoing statistics are not sufficiently full or definite to be adopted as accurate data from which to estimate the proportion of the insane in whom an inherent predisposition exists, the comparative number in whom it is transmitted from the father's or the mother's side, or any of the other important questions involved in the subject.

In some persons, although none of their family either in a direct line or an immediately collateral branch may have ever suffered from mental disease, there is a natural idiosyncrasy or peculiarity of constitution which facilitates the invasion of insanity. This peculiarity probably exists in the intimate structure of the nervous system, although Dr. Rush appears to have thought it to be in the blood. In which system of organs soever it may be, it is probably very similar in its nature to that which constitutes the hereditary predisposition, and in

this way the latter springs up in families among whose members it has never before appeared.

This constitutional habit is apparently at all times merely a predisposing cause, and never generates insanity, unless assisted by some more exciting cause. In some of the patients, the existence of this constitutional predisposition is mentioned, but the number is few, and therefore has not been embodied in these statistics.

In idiocy, properly so termed, the mental disease or imperfection exists without the intervention of any external influence, the person being born in that condition. Fourteen of the patients were of this class. Twenty-three more are arranged under the head of imbecility. In some of these also the disease was congenital.

There are one thousand one hundred and eighty-six patients, the causes supposed to have been productive of whose disease are recorded. These are arranged in the following tables, being divided according to the general method, into physical causes or those which act immediately upon the body, and mental causes or those whose influence is primarily exerted upon the mind.

### ALLEGED CAUSES OF DISEASE.

#### 1st.—*Physical.*

	MALES.	FEMALES.	TOTAL.
Intemperance,	97	20	117
Dissipation,	9		9
Syphilis,	1		1
Use of opium,	5	8	13
Cerebral disease,	30	4	34
Epilepsy,	19	4	23
Chronic arachnoiditis,	3	1	4
Cerebral congestion,	1	1	2
Phrenitis,	5	1	6
Injury from falls,	23	3	31
“ of spine,	1		1



Disease of spine and heart,		1	1
Gun-shot wound,	1		1
Punctured wound,		1	1
Kick on stomach from horse,	1		1
Insolation, and heat from sun,	8		8
“ and drinking cold water,	1		1
Masturbation,	37		37
Connected with puberty,	7	2	9
Nervous debility,	1	3	4
Bodily exertion,	4		4
Nursing, loss of sleep, &c.,		7	7
Mesmerism,	1		1
Neuralgia,	1		1
Ill health,	20	17	37
Fever,	20	11	31
“ Typhus and Typhoid,	5	2	7
“ Bilious,	11	5	16
“ Intermittent,	3	2	5
“ Yellow,	5	3	8
“ Scarlet,	1	1	2
Dyspepsia,	16	10	26
Disease of liver,	5	3	8
Rheumatism,	2	1	3
Gout,	1		1
Phthisis,	3	5	8
Repelled eruptions,	5	2	7
Suppressed hemorrhoids,	2		2
“ perspiration,	2		2
“ secretions,		1	1
Healing of Fistula,	2		2
Measles,	2	3	5
Erysipelas,	1	2	3
Small-pox,	1		1
Varioloid,	1	1	2
Working in white lead,	5		5
Acetate of lead,	2		2

Vapor of prussic acid,	1		1
Metallic vapor,	1		1
Sedentary life,		3	3
Dysentery,		1	1
Pregnancy,		16	16
Parturition,		66	66
Lactation,		12	12
Abortion,		5	5
Irregular menstruation,		1	1
Menorrhagia,		1	1
Amenorrhœa,		28	28
Suppression of menses at } change of life, }		10	10
Uterine disorder,		14	14
Hysteria,		2	2
Old age,	1	1	2
	<hr/>	<hr/>	<hr/>
Total,	379	285	664

2ND.—*Moral Causes.*

	MALES.	FEMALES.	TOTAL.
Pecuniary difficulties,	118	15	133
Want of employment,	11		11
Religious excitement, &c.	51	42	93
Remorse,	5	6	11
Death of relatives,	16	27	43
Disappointed affection,	12	26	38
Home-sickness,	2	1	3
Application to study,	30		30
Mental excitement,	6		6
Fright, fear,	4	15	19
Mental shock,	2		2
Domestic trouble,	22	43	65
Anxiety,	12	10	22
Mortified pride,	8	6	14
Disappointed ambition,	3	1	4
Disappointment,	1	2	3



Faulty education,	4	4	8
Ungoverned passions,	1	3	4
Avarice,	1		1
Jealousy,	1	4	5
Seduction,		3	3
Novel reading,		3	3
Dealing in lottery tickets,		1	1
	<hr/>	<hr/>	<hr/>
Total,	310	212	522

Of the patients whose disease was supposed to have originated from physical causes, there were 664; of whom 379 were males, and 285 females. Of those supposed to have arisen from moral causes, there were 522; 310 males, and 212 females.

Almost all the older authors upon insanity entertained the opinion, that mental causes were more prolific of insanity than physical. Within a few years however, the opposite opinion has been gaining ground,—an opinion which is sustained by these statistics.

It will be perceived that, although a distinct class has been made of all the cases of delirium tremens,\* intemperance occupies the highest rank in point of numbers, among the physical causes. So far as this item is concerned, the table may undoubtedly be taken as a criterion by which to judge of the comparative influence of the various causes of insanity in the community.

Thirteen cases, of which five were men and eight women, resulted from the excessive use of opium. In one of the men, the cause was more fully stated as the “too abundant indulgence in opium, snuff and tobacco.” The action of these narcotic substances upon the nervous system is very similar to that of alcoholic liquors, and a recent French writer not only maintains that this

\* There were 322 patients, whose disorder was either delirium tremens or some effect of intemperance other than insanity proper, and who are consequently not included in this article.

action is precisely the same, but asserts that he has proved it to be so. If, therefore, one of the necessary effects of alcohol is to establish in the system a condition which will prevent the healthy action of the mind,—and we are but too well aware that this is the fact,—it follows that the narcotics in question would produce an identical effect, and cause insanity. No one, it is presumed, will question the truth of this proposition so far as relates to opium. In reference to tobacco, it is possible there may be some doubt. Several modern authors, however, concur in the belief that, when excessively used, it may be the principal cause of mental derangement, and cases thus produced have been reported at a number of institutions. The immediate action of this substance upon the nervous system, in persons of a highly excitable temperament, is so powerful, that when smoking, they feel a peculiar sensation or thrill even to the remotest extremities of the limbs. A constant stimulus of this kind upon a nervous temperament, can hardly be otherwise than deleterious. Tobacco, particularly when used by smoking, tends to disturb the functions of the liver; and disordered action of this organ is not an unfrequent cause of mental disease. It also produces, or assists in producing, a chronic inflammation of the mucous membrane of the alimentary canal. The inflammation of this membrane may become the cause of mental disturbance. Again, particularly in persons in whom it excites an inordinate secretion from the salivary glands, tobacco is likely to produce dyspepsia, a disease which, more than almost any other, by acting sympathetically upon the brain, affects the manifestations of the mind.

Who has not experienced or observed this deleterious influence, producing depression of spirits, dejection, taciturnity, and inability to contend with the cares of life; gloom, despondency, and perhaps a disposition to self-destruction, or actual insanity in the form of melancholia?



How little or how much soever tobacco may act, either immediately or remotely, as a generative cause of insanity, it is a fact well known to all connected with public institutions of this kind, that there is no stimulus or narcotic substance in which the insane are more prone to indulge. If within their reach, those who, previously to becoming insane, have been accustomed to it, will use it to excess, and many or most of those who have not before been addicted to the habit, soon become accustomed to it. One man included among the patients remaining in the institution at the time these statistics close, kept constantly in his mouth, both day and night, excepting when at meals, a quid of tobacco frequently as large as an ordinary hen's egg. Whatever saliva it might have produced it was rarely, if ever, ejected from the mouth, but usually swallowed. He had been in the institution during the whole period of its existence, being one of those who were brought from the old Asylum. He had been accustomed to the habit for many years; and it might almost be said of him that,—

“Like to the Pontic monarch of old days,  
He fed on poison, and it had no power,  
But was a kind of nutriment.”

Although as completely insane and incoherent as it is possible for a human being to be, he worked regularly, doing about as much as any ordinary laborer. The tobacco appeared to have a soothing and controlling effect upon him, enabling him to concentrate his powers upon the labor in which he was employed. If deprived of it for a few hours, he became restless, agitated, excited, talkative, and unable to apply himself to his occupation. In this respect, the narcotic had an opposite effect upon him to that which it produces upon many of the insane. It frequently increases their excitement, and in some instances, to a remarkable degree. Its action, upon the whole, is considered so deleterious, that in most of the well conducted establishments for the insane in this coun-

try, its use among the patients is prohibited. At this institution it is not permitted, excepting in a few cases, in small quantities, by patients who have resided here many years.

There are sixty-nine cases included under the several causes, the names of which imply an organic lesion of the brain or its membranes. According to our belief, there is always cerebral disease in insanity; and such alone has the power to affect the manifestations of the mind. In some cases this disease is organic; but in the majority merely functional, the healthy action of the brain being disturbed by its intimate sympathy with other organs which are diseased. In many cases it is absolutely impossible for the most experienced and expert observer to decide, in the early stages of insanity, whether the disorder of the brain be organic or functional. Hence it is possible that the number of cases here attributed to the several diseases of the brain is not sufficiently large.

Thirty-one cases are recorded as having originated from injuries produced by falls. The effect of sudden shocks or concussions of this kind, falls most heavily upon the brain and nervous system. Hence their agency in the production of mental disorder is most obvious.

If the prick of a pin or needle may, as it frequently has done, exert so potent an influence upon the nervous system as to result in that terrible disorder popularly known as the lock-jaw, it is certainly not remarkable that a punctured or a gun-shot wound should cause insanity. One case arising from each of these causes is mentioned above.

One case is also recorded as the effect of a kick by a horse, upon the region of the stomach. Here the disorder of the brain was undoubtedly secondary, to the immediate effect upon the great central plexus of the sympathetic nerve, in the region receiving the shock.

After the cases of insolation, there is a series of causes,



all, or nearly all of which, exhaust the nervous power, occasion debility, and probably by this means, destroy the healthy exercise of the brain. The first of these is masturbation. Thirty-seven cases are placed against this as their exciting cause. For a long time, this has been known as one of the many agents tending to destroy the balance of the mind, but it is not until within a few years that its influence was supposed to be so great as it is at present by most physicians to institutions for the insane. Although it is acknowledged to be a very prolific cause, yet there is danger of misapprehension upon this point. The habit is, undoubtedly, in many cases, the *effect* of the disease.

The important revolution which the system of both males and females undergoes at the time of puberty, sometimes seriously affects the mind, and produces absolute insanity. The tendency of this change to operate upon the healthy action of the mental powers, is greatly increased by the simultaneous disposition to rapidity of growth. When the nutritive vessels are acting with such energy, and all parts of the frame are becoming developed with an unwonted rapidity, the texture of the organs is loose, incompact and light, wanting the density, tone and stability, essential to a vigorous performance of their functions, and the nervous fluid can not act with the celerity and vigor requisite to perfect health.

Four cases of men and seven of women are attributed to excessive bodily exertion and loss of sleep.

The renovation of energy by sleep, is absolutely essential to the healthy exercise of both the physical and the mental powers. So important is its position as a preventive to mental derangement, that were we called upon to give advice to all who are predisposed to insanity, are threatened with it, or fearful of it, and were we obliged to give that advice in the briefest possible terms, we would concentrate it into an imperative phrase of but two words, "sleep enough."

Nothing exhausts the nervous energies of the system more rapidly than constant and prolonged watching. It subverts a primary law of nature—a law which can not be seriously infringed with impunity.

Excessive bodily exertion exhausts the frame by its inordinate tax upon the nervous system. The muscles, it is true, are the immediate organs of motion, and consequently of labor, but they are matter merely, inert as the bones or the nails if deprived of the nervous stimulus. If a constant supply of the latter could be continued for an indefinite period, we can perceive no sufficient reason why the muscles should not perform their office with all their energy, unweariedly. At least, the converse of this proposition has never, so far as we are informed, been demonstrated.

Inordinate and prolonged labor reduces the nervous energy, and rest and sleep become necessary to its renewal. But it is frequently reduced to so low a point, that sleep becomes impossible, or, if at length it be attained, it is imperfect, broken, and insufficient to enable the nervous system to rally its wonted forces. Hence, in these cases, it may be not so much the bodily exertion itself, as its secondary effect, the deprivation of sleep, which is the immediate cause of mental disorder.

One case is said to have arisen from "Mesmerism." This was the cause assigned by one of the parents of the patient. The leading features in the history of the case, are as follows. The patient was a young man, about twenty years of age, of a highly nervous temperament, with a brain remarkably developed and corresponding intellectual powers. For several years he had suffered from occasional epileptic fits, which, as yet, had left his mind but little if at all impaired. The skill of many physicians and the virtues of every medical resource, believed to be applicable to such cases, had been exhausted upon him without benefit. As a dernier resort,



and at a period when he was in a state of comparative stupor, such as frequently follows a succession of epileptic fits, he was placed under the care of a person professedly practising "Mesmerism" for the cure of disease. To use the expression of this person, "The patient was magnetised daily, for nearly a month" without effect, he remaining in the torpid condition already mentioned. At length he was suddenly roused, appeared rational for a few hours, and then passed into a state of high excitement and absolute mania. A day or two afterwards he was brought to the Asylum, with his arms and legs strongly bound. When admitted he talked but little, and that little was perfectly devoid of meaning. He was highly excited, his face flushed and the veins of his head swollen; the circulation rapid, the pulse being from one hundred and twenty to one hundred and forty per minute, the tongue furred, and the bowels very much constipated. After free catharsis, an inordinate quantity of medicine being required to operate upon his bowels, he was placed upon the use of sedatives. Under this treatment and after the lapse of two days, he began to improve, and in eight days he left the Asylum, restored to his ordinary condition, and without so much of the torpor as existed previously to his excitement.

The general term "*ill health*," under which thirty-seven cases are arranged, is so vague and indefinite, and it may include so great a variety of diseases, that it is susceptible of but little comment of special application. In general terms, it may be supposed that almost any malady, if sufficiently prolonged, may impair the vigor of the body, act sympathetically on special organs, diminish the quantity or derange the action of the nervous fluid, and thus disorder the manifestations of the intellect.

The next series of causes are those which are arranged under the generic term "*fever*." Those are placed first whose predominant pathological effects are upon the cir-

culatory and nervous systems; and those which follow, have, as a leading feature, disordered action of the liver.

Pure fever, unallied with a pathological condition of either the nerves or the liver, it, indeed, such a disease exists—may, from the rapidity and force of the circulation, impair the functions of the brain, or, it may produce the same result sympathetically, through the inflammation of the mucous membrane of the alimentary canal.

If the disease be of the typhus or the typhoid form, in which the nervous system becomes most seriously involved, and delirium is frequently an accompanying symptom, it is easily comprehended that mental disorder of a more permanent character may ensue.

It is probable that of the thirty-one cases included under the general term fever, the disease in many or most of them, was of one of the specific forms afterwards mentioned.

In the bilious fevers, it appears to us, that the disordered action of the liver is the primary cause of insanity, when this disease results. Whether the disordered action of the brain in these cases arise from sympathy with the liver, or be produced by the condition of the blood, modified as that fluid is in its constitution, so far as regards the elements of the bile, is a question which we pretend neither to explain nor to understand.

Twenty-six cases are stated to have arisen from dyspepsia. The remarks already made upon this disease, preclude the necessity of any farther comment.

Rheumatism and gout, undoubtedly, as a general rule, cause insanity by a metastasis to the dura-mater, the fibrous membrane covering the brain.

Phthisis pulmonalis, or the true consumption, is not unfrequently connected with insanity, either as a cause, a concomitant, and possibly, in some instances, an effect. In the whole range of human maladies, there are but few cases more singular or interesting than those in which



these two diseases alternate with each other in the same patient. The consumptive person becoming insane, the progress of the pulmonary complaint is arrested until he recovers from his mental disorder, when it resumes its march until stopped by another attack of mental derangement, again to progress, if that malady be cured, and again to be suspended if the patient should become insane. This singular alternation is probably in obedience to a general physiological or pathological law, that two important and active diseases can not simultaneously exist and run their natural course.

The deleterious effects of the sudden suppression of a natural secretion, or an accustomed discharge, whether natural or artificial, are well known. Accustomed to a constant drain, the body is brought into a condition in which that drain appears necessary for the support of health. If it be suspended, the system becomes plethoric, or laden with matter unqualified to assist in the action of the different organs, and consequently an obstacle to the faithful performance of that action. The brain, in common with other organs, is affected, and consequently the manifestations of the mind disordered.

Some of the eruptive fevers, and particularly measles and scarlatina, are proverbial for the physical defects which follow in their train. Their results being thus unfavourable to the perfection of the body, it is not remarkable that they should, in some instances, disorder the action of the intellect. In the foregoing list, thirteen cases are imputed to them.

That mysterious and peculiar influence of the salts of lead, which, in some cases, produces cholica pictorum, a disease so common among painters as to have derived its name from them, is undoubtedly the same which, in cases, among people who are accustomed to work in those substances, originates insanity.

The case attributed to the inhalation of prussic acid, is

that of a man engaged in the manufacture of fancy soap. If that acid were truly the producing cause of the disease, it may be supposed to have effected that result by the depression of the nervous power, its natural physiological effect.

The last ten items in the table of physical causes constitute a series of influences to which the female sex alone is liable. We have long held the opinion that in their sex, these are the predominating causes of mental alienation—an opinion corroborated by these statistics. It will be perceived that of two hundred and eighty-five cases of females whose disease is attributed to physical causes, no less than one hundred and fifty-five are arranged in the series in question. The nervous system being more fully developed, at least so far as intensity of action is concerned, in females than in males, and the intimacy between the uterus and the other organs of the body being so intimate, so powerful and so controlling as the observation of physicians shows it to be, there is little cause of marvel, that the causes in question should be so prolific of mental alienation. Dr. Rush appears to have correctly estimated the potency of these causes, and alleged the fact as an argument in support of the doctrine that women are more subject to insanity than men.

Connected as this Asylum is with a city almost purely commercial—a city, the majority of whose active adults are subject to the cares, the perplexities, and the fluctuations of trade, it is not remarkable that among moral causes, pecuniary difficulties should occupy the most prominent position. Under this head there are one hundred and eighteen men, and fifteen women, a total of one hundred and thirty-three; and if, as may be most proper, the eleven cases assigned to “the want of employment” be included, the total will be one hundred and forty-four. There, is perhaps, no mental influence which, if ex-



anined in all its bearings and relations, exercises so extensive and controlling a power upon man in civilized countries, and more particularly in the U. States, as that arising from his pecuniary condition. Connected with this are many if not all his hopes, and schemes of ambition, preferment and aggrandisement—all his prospects of present and future temporal comfort, and all his affections that are enlisted in the welfare of the persons constituting his domestic circle.

A constant business, moderate in extent and sufficiently lucrative to afford a liberal subsistence, can never, in a mind well regulated, operate as an exciting cause of mental disorder. The sources of the evil are, on the one hand, the ambitious views and the endeavours rapidly to accumulate wealth, and, on the other, the extremes of excessive business, of bankruptcy and of poverty, the fluctuations and the unwholesome disposition to speculation. Of the one hundred and eighteen cases of men arranged under the head of pecuniary difficulties, the disease in three was attributed to excess of business; in two, to retiring from business; in four, to a sudden access of fortune; in one, to speculation in stocks, and in two, to speculation in the *morus multicaulus*.

Moral philosophy requires not, for its illustration, the assistance of the fable of the lion and the gad-fly, when so harmless and apparently impotent a vegetable as the mulberry can overturn the faculties of the human mind.

The moral cause which ranks next in point of numbers among both the men, and women, is the anxiety and other mental influences in reference to religion. The whole number attributed to these is ninety-three; of whom, fifty-one were males, and forty-two females. Although there were more men than women, yet the proportionate number, when compared with the whole number of admissions, is greatest in the latter.

In a country of universal toleration upon religious sub-

jects, and sheltering under this broad banner congregations of almost every sect that has ever appeared in Christendom, it is to be supposed that the religious sentiment would act under its greatest possible variety of phases, and in every diversity of gradation between the extremes of apathy and fanaticism. The accurate observer of the events of the last twenty years, to say nothing of a period more remote, cannot fail to have perceived that this is actually the fact. Under these circumstances, and when we consider the whole scope and bearing of this sentiment, and the eternal interests which are its subject, we can not but perceive how important an influence it may exert. It is difficult to believe that "pure religion and undefiled" should overthrow the powers of the mind to which it was intended to yield the composure of a humble hope and the stability of a confiding faith. Nor do facts authorise any conclusion thus hostile to Christianity, for a great majority of the cases of insanity attributed to religious influence, can be traced to the ardor of a zeal untempered with prudence, or a fanaticism as unlike the true religion which it professes, as a grotesque mask is to the face which it conceals. The exciting doctrines of Miller, the self-styled prophet of the immediate destruction of the world, gained but little hold of the public mind in this vicinity, but in those sections of the country where they obtained the most extensive credence, the institutions for the insane became peopled with large numbers, the faculties of whose minds had been overthrown thereby.

The passions or emotions whose activity tends to depress the energies of both body and mind, may be considered, on strictly physiological principles, as powerful agents in the production of mental disease.

Remorse is the first of these mentioned in the table, and eleven cases, of which five were males and six females, are attributed to it.



Grief caused by the death of relatives, stands next in position, but first in point of numbers, including as it does forty-three cases, of which sixteen were males, and twenty-seven females. Of the men, the particular relatives whose death was followed by so unfortunate an occurrence, is stated to have been the wife in six cases; the wife and child in one; the wife and five children in one; the child in three; the mother in two; the sister in one, and the brother in two.

Of the women, it was the husband in five cases; the child in eight; the father in one; the mother in one; the mother and child in one; the mother and sister in one; the sister in one; the brother in two, and the brother and sister in one.

Forty cases; twelve males and twenty-six females, are recorded as having originated from disappointed affection..

Home-sickness, the *maladie du pays*, or technically, nostalgia, is assigned as the cause in three cases—two males and one female. The latter was a Swiss girl who had been but a short time in this country, and could not speak English. Separated from her friends, and surrounded by strangers, her spirits were most oppressively borne down by that disease, if disease it may be termed, so proverbial among her countrymen when removed beyond the sight of their native mountains and valleys, and beyond the hearing of the *Räuz des baches*. After a residence at the Asylum, a victim at once to the delusion of insanity, and to the harrowing emotions from which that disease originated, she ended her temporal sufferings by suicide.

Fear is at all times a depressing emotion, whether it be constant and prolonged, or sudden and transient, as more particularly implied by the term "fright." In the latter case it is powerfully so, even to the production, in some instances, of immediate death. Its natural effect,

and the power of its action, particularly qualify it as a source of mental disturbance, and hence it should at all times, if possible, be avoided. The tales of horror conjured up to amuse or to subjugate children in the nursery, have not unfrequently been attended with the most deleterious consequences; and persons who, for amusement, attempt to frighten or startle their friends, incur the risk of doing the latter an injury beyond their power of reparation.

During the prevalence of an epidemic, the fatality of the disease is greatly augmented by the panic which seizes upon the mass of the community, the depressing influence of which upon the energies, both physical and mental, prepares the way for an easy invasion of the disease. This influence may also affect the healthy action of the mind. Thus, of the nineteen cases alleged to have been produced by the cause in question, two are attributed to fear of the Asiatic cholera.

In students, whether young or of middle age, if a proper equilibrium be maintained between the physical powers and the intellectual faculties, the developement and energies of other portions of the body being so promoted and sustained by exercise, that they may preserve their due relations with an enlarging brain, there need be no fear that mental alienation will result from application to study, but unless this precaution be taken, the midnight oil consumed by the student as a beacon light to guide him towards the temple of fame, may become an ignis fatuus leading his mind into the labyrinth of insanity. Even in persons of strong constitution, and of great physical strength, severe and prolonged study exhausts the nervous energy and impairs the functions of the brain. How much greater must be these effects in a frame naturally delicate, and how much more alarming still if the body be debilitated by the want of exercise!

In the table of causes, thirty cases are set down as



supposed to have been induced by mental application.

Of the two cases placed against the term, "mental shock," one is represented to have been produced by the hearing of good news.

Domestic trouble ranks high among the moral causes. It includes forty-two men, and twenty-three women; a total of sixty-five.

Under the general and somewhat indefinite term "*anxiety*," there are twenty two cases, twelve of men, and ten of women. In two of the men the anxiety was on account of a false accusation of seduction, and in five others it was in reference to annoying lawsuits in which they were engaged.

Eight cases are attributed to faulty education and parental indulgence. These are subjects which, during the past few years, have been fully discussed by several able writers on insanity, and hence require no extended comments on the present occasion. Sympathising deeply as we do in the feelings of the young, and entertaining a pleasing and affectionate emotion for all that cross our path who as yet tread but the vestibule of the temple of life, and ardently wishing to promote, by every judicious measure, their welfare, yet we must, and even for those very reasons, subscribe to the doctrine of the prophet of olden time, "It is good for a man that he bear the yoke in his youth." Let not that yoke, however, be placed upon them with despotic hands, but with that prudent combination of kindness and firmness which will render its burden light.

Three cases are attributed to undue indulgence in the reading of novels. Inasmuch as this subject has heretofore often claimed, and undoubtedly will continue to receive the attention of men who "stand in wisdom's sacred stole," we dismiss it without comment.

There are several heads included in the tables, to which especial reference has not been made, but they

are either so unimportant or so similar to others which have been noticed, that they do not appear to call for any specific remarks.

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## ARTICLE II.

### LEGISLATION FOR THE INSANE IN MAINE.

By I. RAY, M. D.,

*Superintendent of the Butler Hospital for the Insane,  
Providence, R. I.*

We hardly expect that legislation for the insane will become, in our day, precisely what it should be. It is not one of those subjects that strongly appeal to the attention of legislative bodies by their intimate connection with some scheme of temporal advancement. It presents to the Solons of the times, no other claims than those of suffering humanity, and hence is too often allowed to go its way until a more convenient season. The material interests of man—those whereby he buyeth and selleth and getteth gain—have always been regulated by laws that evince a deeper insight into the merits of the case, and a more sound and liberal philosophy, than those which relate to the higher interests of humanity—the promotion of justice, charity and good-will among men. Many a State which, in a wise comprehension of its own policy, promotes the construction of a canal or a rail-road, still suffers its insane to languish in jails and cages, and its convicts to prepare for a renewal of their guilty career, in the midst of corrupting influences, and its institutions of education perhaps, to struggle on, without one substantial token of the public regard. It may be said, no doubt, that this is very proper,—that the true province of legislators is the



practical business of life, and that all other concerns may better be left to individual intelligence and enterprise. That there is some reason in this opinion, we are not disposed to deny, and a bitterer satire on legislators certainly never was uttered. We see no ground, however, for the distinction in present practise, neither should we be forced back to a remote age, or to distant people, to find abundant confirmation of our principle. A few years since for instance, a liberal-minded foreigner, desirous of "increasing knowledge among men," bequeathed a noble legacy to our nation for this purpose. Was it gratefully received, and measures promptly and carefully taken for carrying out the generous design? So far was this from being the case, that the disposition of the money (which by the way was promptly exchanged for worthless paper) was delayed year after year, until most men began to think the whole project would end in nothing but talk. What a contrast to the swift activity which, in a single morning, passed an act to inflict upon a neighboring people the numberless miseries of war. The national honor was supposed to be more concerned in punishing the short comings of a sister republic, than in discharging a great duty to humanity, which had been solemnly bequeathed to us, and freely assumed.

It is not our purpose, however, to guage the moral capacities of legislators. We are satisfied by an occasional symptom of improvement, that they are in a course of developement, slow, but perhaps the more sure; and considering it our duty, as well as pleasure, to notice every sign of progress within our own particular province, we call the attention of our readers to an act passed by the legislature of Maine at its last session, regulating the relations of the insane, to the State hospital. The whole act is exceedingly creditable to the humanity and intelligence of that body, but at present, we shall only advert to some of its most important provisions.

The act provides that on the application of any relative of an insane person, or any justice of the peace, the mayor and aldermen of cities, and the selectmen of towns shall examine into the case of such insane person, and if satisfied that the person is insane, and that "his comfort and safety, or those of others interested, would be promoted by a residence in the insane hospital," shall send him forthwith to the hospital, where he must stay if the superintendent see fit to keep him, at least six months. If their decision is not satisfactory to any of the parties interested, an appeal is provided to certain justices of the peace, who institute a new and final trial of the case.

Such a provision as the above is absolutely necessary in the present circumstances of society, and nothing less stringent or less general in its application, will meet the difficulties of the subject. As the expense of maintaining the insane in hospitals, is necessarily greater than that of maintaining them in poor-houses, there is always the economical inducement in favor of keeping them in the latter. How strong this inducement is with "Overseers of the Poor," no one can conceive but those who have had some special experience of their ways. These functionaries are desirous of distinguishing their administration, less by the amount of good they effect, than by the amount of expense they save to their towns. And sometimes, no doubt, they act towards the insane in this spirit, from the sincere conviction that they have no right to dispend the municipal bounties beyond the limits positively enjoined by law. However this may be, it is certain that such bodies should possess no discretionary power, where the great interests of humanity are involved in its exercise. The time would fail us to mention the instances we have known, of patients removed from a hospital where they were enjoying a tolerable degree of comfort, and placed in cages or other places more or less unsuita-



ble for the abode of any human being, because the town could save by the change, a shilling or quarter of a dollar a week. If the State declines to assume the burden of supporting its pauper insane in hospitals, it is very clearly its duty to see that they are thus supported by their respective towns.

The most remarkable part of this act of the Maine legislature, is that which provides a change in the ordinary methods of criminal procedure, in cases where the accused is alleged to be insane. "When any person," says the act, "shall be charged with a criminal offence in this State, any judge of the court before which he or she is to be tried, on notice that a plea of insanity will be made, or when such plea is made in court, may, if he deem proper, order such person into the custody of the superintendent of the insane hospital, to be by him detained and observed, until the farther order of the court, in order that the truth or falsehood of the plea may be ascertained." This course, virtually, is pursued in France and most of the German States. It is unknown, however, to the forms of the English common law, and this we suspect, is the first attempt to incorporate it with those forms. We apprehend no difficulty whatever in the practical working of this provision, and we anticipate as its certain result, that the ends of justice will be more effectually obtained, and the common prejudice against the plea of insanity in criminal cases be removed. We can not better express our own views on this point, than by quoting what we have already said in another place.

"A very serious evil in the administration of the criminal law in cases where insanity is pleaded in defence, is the absence of any legal provision for satisfactorily establishing or disproving its existence. The matter is left entirely to the counsel who use such means as they please and the law permits. They summon only such witnesses as suit their purposes, and medical men can

generally be found—we regret to say it—ready to testify for or against the insanity of the accused, who have had but little practical knowledge of the disease, and have made but a superficial examination of the case in hand. Witnesses summoned in this manner will be liable, in spite of themselves, to testify under a bias, instead of expressing the results of a dispassionate examination of scientific facts. The intention of the prisoner's counsel to plead insanity may not be known to the government-counsel in season to meet the plea with appropriate evidence, and if the prisoner is acquitted, the impression is conveyed, that the ends of justice have been defeated. Indeed, with every disposition to arrive at the truth, it is generally impossible under the present arrangements. In jails where prisoners accused of crime are confined, proper opportunities are not afforded for investigating their mental condition. In the few formal interviews to which the observation of the prisoner is confined, it may often happen that the real condition of the mind will not be discovered. If really insane, he will be likely to control his movements, and to discourse and appear very differently from what he would when left to himself and unconscious of being observed. Many insane, as we have already shown, manifest their aberration only under certain circumstances and on particular occasions, and appear quite correct at all other times. Many too whose insanity is recognised by every body who knows them, never evince it in their discourse, but solely in their ways and habits. If, on the other hand, the prisoner, is feigning insanity, he will summon all his powers to produce the requisite impression at these interviews, which being short and few, the difficulty of his task is much lessened. To ascertain satisfactorily the mental condition of a prisoner suspected of being insane, he should be placed where the expert may be able to see him often, and at times when he is not aware of being observed.



His words, and acts and movements, his manners and habits should be systematically watched, and a single day of such observation would often throw more light on the case than many formal interviews. We see no difficulty in so changing our modes of criminal procedure, that when the court shall be satisfied that there are reasonable doubts of the prisoner's sanity, it may be authorised to postpone the trial, and place him, in the mean time, in the charge of an expert—for which our hospitals for the insane, furnish a convenient and suitable opportunity—whose report shall be received in evidence at the trial. This is substantially the course adopted in France, and nothing short of its adoption with us, will render the plea of insanity powerless for evil, and remove the suspicions of the community upon this point.

It must be remembered that even the present imperfect method of ascertaining the mental condition of the accused, is not secured to him by any provision of law, but is only obtained with much difficulty by the efforts of his counsel, and by the sufferance of the government-officers who have the power and sometimes the disposition, to throw the most effectual obstacles in their way. We have it on the best authority, that a couple of medical gentlemen of the highest standing in their profession, who had been summoned to testify in the case of Freeman, at Auburn, N. Y., went to the jail for the purpose of observing his mental condition, and were refused admittance by the jailer, who said he had received a special order from the district attorney, not to let *them* see the prisoner. Had such a provision as we are advocating, existed in England, we should probably have never mourned over some of the foulest blots on the annals of her criminal jurisprudence. Mr. Baron Alderson would have had no occasion to say, as he did at the trial of Oxford, of Bowler's case which is quoted in all the books on criminal law, that it was a "piece of barbarity," and Lord Brougham

could not have said of Bellingham's trial, that "so great an outrage on justice never was witnessed in modern times."

Another provision of this act which does infinite honor to the humanity and intelligence of the Maine legislature, is that "no insane person shall be committed to or remain in any jail or house of correction," and that when any inmate of the State prison becomes insane, a commissioner shall be appointed by the Governor, to examine his case, and if he be found insane, he shall be sent to the insane hospital. We hope this noble example will be speedily followed, and that in New England at least, the confinement of the insane in jails, will be remembered as among the things that are passed.

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### ARTICLE III.

#### A VILLAGE OF LUNATICS.

From a very remote period, the village of GHEEL, in Belgium, has been noted for the cure of the insane. The following is Dr. Halliday's account of this establishment, as it existed many years since :

" This establishment is situated at the village of Gheel, about twenty-seven English miles from Antwerp, on the road to Lier and Turnbout, a village that consisted formerly of a few detached houses in the centre of a large uncultivated heath, and far removed from any other habitation. It was, however, a place where lunatics had been treated from a very remote age, in consequence of some traditional superstition, and where the villagers, in almost every case, were reported to have effected a cure. The founder of the present asylum at Antwerp, when informed of this secluded retreat, determined to avail him-



self of the facilities which it gave, to improve the system he had adopted in the city. He caused a number of additional cottages to be built at the public expense, and allotted to each a certain portion of the barren heath. These cottages were distributed to such members of the existing community as were of good character, and disposed to marry and settle, upon condition that they should receive only the convalescents from the Asylum at Antwerp, at a certain board, and treat them after the manner of the other patients at Gheel. The plan was further enlarged, as we find by a report from a Monsieur Pontecoulant, Prefect of the Dyle, (Brussels,) to the French Directory, about the end of the last century, and in which he states that, "Formerly at Brussels, the insane were huddled together in a confined and unhealthy situation, the inconveniences of which were sufficient to render incurable the malady which brings them thither. I thought I was at once fulfilling a duty of humanity, and an obligation of my office, by adopting, with respect to these unfortunates, a treatment, recommended by long and successful experience. Being informed that in the Commune of Gheel, in the department of the two Nethes, (Antwerp,) was an Asylum open to this kind of infirmity, after obtaining the consent of the prefect of that department, I caused all the insane to be transferred from the hospital of Brussels to the village of Gheel, where they enjoy every liberty which is not inconsistent with the care which their condition requires. Commissioners appointed by the council general of the hospitals, repair periodically to the spot, to ascertain if the inhabitants fulfil towards these unfortunate beings all the obligations to which they are bound by contract."

The peasants were bound to treat with kindness the convalescents and others that were thus sent to Gheel, but at the same time they were allowed to employ them in the cultivation of the waste land that surrounded the village. Here it was found the insane recovered rapidly,

and as the fame of the villagers increased, persons of the highest rank, and even the poor, were sent to them without passing through the hospitals at all.

Each patient is obliged to labor for a certain number of hours in the day, according to his strength, and when not employed, he is allowed to walk about without any restraint, and they are summoned to their homes by the bell of the village church. Scarcely any accident occurs, and very few ever attempt to make their escape.

The superstition which first gave celebrity to this sequestered village, still lends its aid to the good air, and other advantages of the situation; for, as the legend of Gheel informs us, “a certain English lady of high rank and surpassing beauty, when driven to madness by the treachery of a lover, and the cruelty of friends, wandered from her home and from her country, and found refuge in this deserted spot; where she recovered her reason, built a church, and devoted a long life to curing the insane, having received from heaven the power of performing such cures.” Her remains, which are preserved with great piety, are supposed still to possess that power. Her coffin, therefore, is placed in the church which she built, raised upon pillars about three feet in height. Each patient, on his arrival, is kept secluded for nine days, and at a certain hour on each of these days, made to pass under the coffin of the saint, and repeat a prayer for her interference in his behalf.

Many cures are effected in the short space of these nine days, all of which go to the credit of the holy Saint Nymph of Gheel. But let the merit rest where it may, certain it is, that more patients are cured at this village than in all the hospitals of the kingdom put together. From five to six hundred insane persons are constantly at the place, and the number of its inhabitants is now about seven thousand. An intelligent gentleman who lives in the village, and who seemed to have paid some attention to the



subject, assured us that the most outrageous "are cured sooner than the melancholy and quiet," and that "the paroxysms happen always about the months of May and September.

It is to be regretted that no accurate register is kept at Gheel, and it was found impossible to obtain any correct information of the numbers that left the village cured: they were stated to average from two to three hundred annually."

Esquirol visited this *Colony of Lunatics*, in 1821. He says that from the seventh century, the Saint Nymph acquired great celebrity for the deliverance of those *possessed of the devil*, and who were brought to Gheel from the surrounding provinces. The bones of this Saint are now preserved in a silver shrine in the Church of Saint Amiens. The ceremonies deemed essential for the cure of the insane, are held in and around this church, during the first nine days after the reception of the patient. During this time the insane person remains in the immediate neighborhood of the church and a priest visits him daily to say mass and to read prayers. Those that are sufficiently calm make the tour of the church three times inside and three times outside, during the nine days. At the same time, prayers are offered to the Saint for the deliverance of the patient, and on the ninth day after mass he is exorcised. Esquirol had an interview with the priest, or rector, of the parish. This venerable ecclesiastic informed him that he had seen many insane persons restored to reason by the intercession of the Saint, but added, that such cures were becoming less every year, owing to the decline of faith and religion. Formerly all the patients brought to Gheel observed the religious ceremonies, and the nine days devotion alluded to, but now only a very small number have recourse to them;—still a residence near the church that contains the relics of the Saint, is thought to be more favorable to a cure

At the time of Esquirol's visit, the village contained six or seven thousand inhabitants, and four or five hundred insane persons distributed through the various hamlets. They lived with the families that had charge of them, and partook of the same food and assisted in various kinds of labor. They were permitted to go about the streets, their extravagances not causing any remark or attention, as all the inhabitants had become accustomed to them.

We have no doubt, some insane persons would much enjoy such privileges, and would be benefited by being daily engaged in out-door labor. But many of the insane, cannot safely be permitted to be thus at large, and for such, Gheel appears to be a poor place. Hence those that are much deranged and excited, are kept in chains. Esquirol saw those whose flesh was lacerated by the chains they had worn, and noticed in the houses at Gheel, near the chimnies and the beds, iron rings with chains attached.

Quite recently, we have been furnished with an account of this unique establishment, by M. Morel, in a letter to Dr. Ferrus, of Paris, published in the *Annales Psychologiques*. M. Morel states that there are at present eight hundred insane persons at Gheel. He thinks that the families that have charge of them, are, for the most part, kind and humane, but that they have no method of restraining or securing the violent and furious but by chaining them, and that serious accidents not unfrequently occur; that a short time since, the burgomaster was killed by a maniac.

He says that most of the insane live in the same manner as the other inhabitants of the village, and assist both in out-door and in-door labor,—that their eccentric manners and extravagant conduct excite no attention, not even of children, as he saw a maniac dressed in the most grotesque manner in the street, vociferating and exercising violently, without causing any remark.



Though M. Morel says he neither wishes to praise or condemn this colonization of the insane, yet we infer from his account that he does not, on the whole, think favorably of it. He states that there is no medical treatment for the insane, and no special treatment for those that require it when sick. He refers to the high authority of Prof. Guislain, whose opinion as given in his report, is not favorable to this manner of treating the insane.

From all we have been able to learn respecting this noted establishment at Gheel, we infer that while it may be a very good situation for the quiet, harmless, and incurable insane, that it is not a good curative arrangement, and not a suitable place for those that are highly excited and violent, or who require medical treatment.

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#### ARTICLE IV.

#### PSYCHOLOGICAL.

During an attack of delirium, many people have learned to read and write with great rapidity, but have been unable to do either after their reason returned, and increased determination of blood to the brain had ceased. Another attack of insanity, however, revived their memory and their ability to read and write. Many people have their recollection of past events wonderfully restored by dreams. Several instances of this kind are related by Dr. Abercrombie, in his "Inquiries concerning the Intellectual Powers;" but they may be accounted for by the increased activity of certain portions of the brain, during sleep. In somnambulism, which differs but little from dreaming, some persons have been able to recollect things long forgotten, and to talk in a language of which they possessed no knowledge when awake, but with

which they had in early life some partial acquaintance. This wonderful power of the memory has been frequently exhibited, by a few, when under great excitement; and, in ignorant and fanatical times, has induced a belief in the gift of tongues. Those who had learned but little of a language when young, and had totally forgotten it, were now, when in a convulsive state, able to speak it fluently; while others were able to repeat long passages from books that they had never read but once, and had not seen for many years. Similar effects have been produced by *animal magnetism*, which, as every one knows, powerfully affects the imagination. During the state of "extase," caused by *magnetism*, the memory has often been surprisingly perfected; and some have been rendered able to speak in a language they had long forgotten. This state was always accompanied by symptoms that showed an increased determination of blood to the head. All had slight convulsions, the face became red, the eyes bright, and after awhile humid.

Like effects are produced by disease of the brain, which sometimes will revive whatever has been at any time in the memory. They are not rare, says M. Bertrand, in all diseases which greatly excite the brain. M. Moreau (de la Sarthe) says, in the *Encyclopedie Methodique*, (Art. *Medicine Mentale*), that he had the care of a child twelve or thirteen years of age, who had studied the Latin language a little, but was not able to speak it when in health, but who, during the excitement of fever, spoke it fluently.

The following case which occurred in Germany, is related in Coleridge's *Biographia Literaria*:

A young woman of four or five-and-twenty, who could neither read nor write, was seized with a nervous fever; during which, according to the asseverations of all the priests and monks of the neighborhood, she became *possessed*, and, as it appeared, by a very learned devil. She continued incessantly talking Latin, Greek, and Hebrew,



in very pompous tones, and with most distinct enunciation. The case had attracted the particular attention of a young physician, and, by his statement, many eminent physiologists and psychologists visited the town, and cross-examined this singular case on the spot. Sheets full of her ravings were taken down from her own mouth, and were found to consist of sentences coherent and intelligible, each for itself, but with little or no connection with each other. Of the Hebrew, a small proportion only could be traced to the Bible; the remainder seemed to be Rabbinical dialect. All trick or conspiracy was out of the question. Not only had the young woman ever been an harmless simple creature, but she was evidently laboring under a nervous fever. In the town in which she had been residing for so many years, as a servant in different families, no solution presented itself. The young physician, however, determined to trace her past life, step by step; for the patient herself was incapable of returning a rational answer.

He at length succeeded in discovering the place where her parents had lived; travelled thither, found *them* dead, but an uncle surviving; and from him learnt that the patient had been charitably taken by an old protestant pastor at nine years, and had remained with him some years, even till the old man's death. Of this pastor the uncle knew nothing, but that he was a very good man. With great difficulty, and after much search, our young medical philosopher discovered a niece of the pastor's, who had lived with him as housekeeper, and had inherited his effects. She remembered the girl; related that her venerable uncle had been too indulgent, and could not bear to have the girl scolded; that she was willing to have kept her, but that after her patron's death, the girl herself refused to stay. Anxious inquiries were then of course, made concerning the pastor's habits, and the solution of the phenomenon was soon obtained. For it appeared, that it had been the old man's custom for years, to walk

up and down a passage of his house, into which the kitchen door opened, and read to himself, with a loud voice, out of his favorite books. A considerable number of these were still in the niece's possession. She added, that he was a learned man, and a great Hebraist. Among the books were found a collection of Rabbinical writings, together with several of the Greek and Latin Fathers; and the physicians succeeded in identifying so many passages with those taken down at the young woman's bedside, that no doubt could remain in any rational mind, concerning the true origin of the impressions made on her nervous system.

This authentic case furnishes both proof and instance, that relics of sensation may exist, for an indefinite time, in a latent state, in the very same order in which they were originally impressed; and as we cannot rationally suppose the feverish state of the brain to act in any other way than as a stimulus, this fact, (and it would not be difficult to adduce several of the same kind,) contributes to make it even probable, that all thoughts are, in themselves, imperishable; and that if the intelligent faculty should be rendered more comprehensive, it would require only a different and apportioned organization, *the body celestial* instead of *the body terrestrial*, to bring before every human soul the collective experience of its whole past existence. And this—this, perchance, is the dread book of judgment, in whose mysterious hieroglyphics every idle word is recorded! Yea, in the very nature of a living spirit, it may be more possible that heaven and earth should pass away, than that a single act or a single thought, should be lost.





## ARTICLE V.

*A WILL CONTESTED ON THE GROUND  
OF THE INSANITY OF ONE OF THE  
ATTESTING WITNESSES.*

[The following Report of this important trial, for which we are chiefly indebted to the *Hampshire Gazette*, will, we doubt not, be acceptable to our readers. It is deserving of attention as a Medico-legal document, and is particularly interesting for the account given by one of the witnesses,—a well educated and intelligent young man, of an attack of insanity which he had experienced, and from which he believed he had recovered.]—*Ed. Jour. Ins.*

## OLIVER SMITH'S WILL.

This case, involving an estate, bequeathed to charitable purposes, by Oliver Smith, of Hadley, Mass., of about four hundred thousand dollars, was decided, in the Supreme Court, held in Northampton, in July last, Judge Wilde, presiding. The case came up, on an appeal, by the heirs at law, from the decision of the Judge of Probate, approving the Will. The objection to the Will was, that one of the attesting witnesses, Theophilus Parsons Phelps, was incompetent, on account of insanity.

The case commenced on Tuesday morning and closed on Thursday—Messrs. Webster, Forbes, and Baker, appearing as counsel for the Will, and Messrs. Choate, Chapman, and Huntington, for the heirs. The jurors from the towns interested in the Will were set aside. The Will was read. The attesting witnesses were Charles Phelps, Charles P. Phelps,—the father, who wrote the Will—and Theophilus P. Phelps. The Will was dated

July 15th, 1844. Subjoined is the *substance* of the testimony.

*Charles P. Phelps* was first called to testify as to the execution of the Will. In reply to the general question, as to the sanity of the testator, he said it never occurred to him that he was not of sound mind. After the testator had read the Will, he requested me to call the witnesses.

*Charles Phelps.* I signed first at request of the testator. Father asked him if he wished us to sign, and he said yes. Don't recollect having any conversation with Mr. Smith. Never did any business with him. Theophilus went to Worcester, to consult Dr. Woodward, in August, 1843. Heard him say some people designed to injure him.—Didn't say who. Understood I was one of the persons he was afraid of. Just previous to his going to Worcester, I had a conversation with him, in presence of members of the family. Father called me in to have some explanation, stating that Theophilus thought I had some designs upon him. I told Theophilus he was mistaken—that it was a delusion. He appeared to be relieved. Looked pleased. Accompanied him to Hockanum, on his way to Worcester. He thought the people were after him, but did not name persons. I told him it was a mistaken idea; and he said he supposed it was, but that it was a delusion which returned upon his mind, and he could not help it. Had expressed fear about going into the woods. Next Sabbath after his return from Worcester, he was gone. Was apprehensive. Looked for him about noon. Didn't know of his return until nearly night. Never talked with him about it. Told Mr. Hunter to watch him that day. He was out of health, and had dyspepsia when he left college. Complained of pain in the head. Said this summer he was never free from pain—spoke of a general pain in the nervous system. Has been in a state of nervous excitability. Has avoided seeing people. When neighbors come in, he more frequently leaves the room. Does



not visit his relatives, but sees them at home. Not usually at the table when company is present. Reads a good deal of history and biography. Don't go to church as a habit. Believe he has attended since he left college. Sometimes days pass without his speaking to me—perhaps a week, in 1843. Was generally depressed.—Worked more or less, every day, at hoeing, raking hay, &c. After the accident to father, by which his thigh was broken, in Aug., 1843, he appeared more excited, more alarmed. Recollect nothing in his conduct or conversation in the summer of 1844, that led me to think he was irrational. Saw nothing at the time of attestation, significant that he was irrational, or did not know what was going on.

*Theophilus P. Phelps* was then called, and his testimony was given with remarkable clearness and precision. He gave a minute and lucid account of the transaction of attesting the Will, relating some circumstances which the other witnesses had omitted. He then proceeded to give an account of his personal history. He was born in 1821, and graduated at Amherst College, in 1841. Was out of health the last year of his college life. Was told by physicians that his complaint was of a nervous and dyspeptic character. Left college in summer term of junior year and last part of senior. Was assigned a part for commencement, but did not perform, on account of ill health. Recollect the accident to my father. Was excited. Went to Worcester in a few days. Was advised by my father to go. Have a general, indistinct, imperfect memory of all the circumstances testified of as to my delusions. After my return from Worcester, so far as my memory goes, I was no better. I was in a state of excitement peculiar to that period, different from anything I have had since. Within two or three months after my return, I think a change took place. It affected my spirits. Cannot describe the peculiar feeling I was in. The change was in my mind. Felt more rational. Had *mental delu-*

sion rather than delusion of *sense*. Had read on the subject and my case resembled hypochondriasis. Wrote a history of the five books of Moses, in the Spring of 1844, for Sabbath Schools. Manuscript copied by my sister Charlotte. No alteration of any importance made by Committee of Publication—one or two verbal changes. Worked on farm after farming season commenced. My bodily health was not good when I attested the will. My mind was in such a state that I could do anything my bodily health permitted. This state of mind continued through the summer. Have written occasionally short pieces. Read miscellaneous new books—at times a good deal. Have more frequently than not, avoided company, since I left college, on account of the state of my health.

In the cross-examination he said—I could not tell who I was afraid of in 1843. Began to suspect my brother shortly after the accident. Had vague apprehensions of others. Recollect reluctance about going into the woods near my father's house. The windows were fastened in the day time. I think in 1843 I got up in the night to see if persons were about. I think I have had no fears the past two years. Never had fears when persons entered the house. Don't recollect asking Dr. Woodward if he thought I was a pig. Have very slight recollection of what was said. I think I was insane when I went to Worcester, from the state of mind I was in. Was well conscious of my state of mind, but could not describe it. General recollection about the Sabbath after I came home. Don't know where I went. I think I threw myself into the water. Was under some delusions. Had nothing of the kind since that winter. Mind has been somewhat depressed since then. Don't know that it had any connection with father's injury. My health has been bad since I left College. Never free from headache. Pain in temples—oppression in all parts of the head.—



Not positive I saw Mr. Smith sign the Will and the codicil. Was in the room at both times, and recollect signing both papers. Think I saw him sign the original Will.

*Dr. Woodward* was then called. Theophilus was brought to me at Worcester, by his brother Arthur, in Aug., 1843. Arthur had the principal conversation at first. Afterwards Theophilus gave an account of himself. He had anxieties—fearfulness. Complained of an uncomfortable feeling about his head—not exactly headache, but sense of oppression. He moved about—looked out of doors, out of the windows, and into the closet. He thought he was pursued—was afraid of being dissected. Without any connection with anything that had been said, he came to me and said—‘Dr., do you think I am a pig?’ I said, ‘by no means, I think you are a gentleman.’ I inquired of him why he asked, and he said it occurred to him that moment. He made no allusion to the injury of his father, as the cause of his disease. He had a delusion, and was influenced by it, and this was a form of insanity. Bodily health was the cause. Dyspeptics often become insane. There was a morbid condition of the brain and of the nervous system. Most inveterate cases of dyspepsia are of mental origin—hard study. Cannot rely on the impression of an insane man, as to his health. Many insane persons write coherent letters, essays, poetry, and I have known books written by them. It is common for them to labor. A homicide mowed the grass at Worcester. If a man has one insane idea, it is difficult to say how many others are insane. At the time I saw him, Phelps was not capable of taking his attention from himself. Avoiding society may be the effect of delusion, or may not. The feeling in the head described by the witness, is the accompaniment of insane melancholy.

*Ephriam W. Bond* was a classmate with Phelps. In the early part of his college life he was social. Was a good scholar, and was ambitious. But in the latter part of his

college course, he became shy, timid. It was more difficult to draw him into conversation. Noticed a decided change in him. His health was not good. Grew pale and feeble. Took very little interest in the class. Avoided the students. Wandered in fields and by-places.

*Lyman Hunter*, who was a ferryman in 1843, testified that he was requested, by two members of the family, to watch for Theophilus, in Aug., 1843. They spoke of him as being 'low minded.'

*Dr. J. W. Smith* boarded him the latter part of his college life. He was melancholy and unsocial.

*Charles Smith*, of Hatfield, attended a party at Mr. Phelps', in 1845. Theophilus was not present. Found him in the corner of a room, dimly lighted, in a chair, stooping forward. Asked him to go into the other room—he said it was out of the question.

*Rev. Dan Huntington*—an uncle of the witness in question, and living within three or four hundred rods of him, testified that he saw nothing noticable in him until after his return from college. Saw him before he went to Worcester. Was under high religious excitement. Confessed taking pears from a tree near the road, when ten or twelve years old. Thought it was wrong, and seemed much affected by the conduct.

*Rev. F. D. Huntington*, saw him in Boston, on his return from Philadelphia, about the 1st of July, 1843. He said he had experienced peculiar feelings—extraordinary elevation of spirits, and expressed anxiety about it.—Described the sensation as one of great fulness about the head, and a disposition to muscular exertion.

*Erastus Cowles* went to Mr. Phelps' in the latter part of the winter of 1846, and as he entered the door, Theophilus timidly went behind the door, and then out into another room.

*James Morton* was attracted by the fact, that he saw Theophilus sitting in a sleigh, in pretty cold weather, at



the time of the Probate Court, for two hours together.

Several witnesses were then called in reply.

*Charles P. Phelps*—the father—testified that *Theophilus* from childhood, was rather a reserved boy, not fond of society. He knew no sudden or marked change in him. His habits had been forming gradually. He considered himself disqualified by bodily health, from pursuing a profession. Did not mix so much in conversation as other members of the family. Discoursed freely on some subjects, particularly the military campaigns of the last century. Saw nothing at the time of the execution of the Will showing him less intelligent than now. Have not seen any of the peculiarities of 1843, since that time. He is rather low spirited generally.

*Arthur Phelps* went to Worcester with him. Came home a short time before. Saw nothing peculiar in *Theophilus* until the day before they went to Worcester. Went to Worcester because Dr. Woodward was an eminent physician, and Mr. Hitchcock, the steward, was an old acquaintance of the family. Dr. W. told him *Theophilus* was not insane. Recollects nothing about his asking Dr. W. if he thought him a pig. Saw nothing indicating insanity in 1843. He was perfectly rational, going to Worcester.

*Dr. Gridley*, who attended the father after his accident, prescribed for *Theophilus*, in July 1843, and again after his return from Worcester. Examined his case, and called it dyspepsia—hereditary, for his father, and his grand-father, Judge Parsons, were subject to it. Saw nothing indicating insanity. His answers were clear. Have occasionally seen him since, and have at no time seen indications of insanity.

*Dr. Humphrey* saw no change in his mental condition, while in college, although he noticed a change in his health.

*Thomas D. Hurd* and *Samuel Bartlett* worked at Mr.

Phelps' during haying, in 1844. Worked with Theophilus more or less every day in July. Worked with him on the day on which he attested the Will. Saw nothing indicating insanity.

Medical men were now examined as experts.

*Dr. Woodward* was recalled. He heard the testimony of Arthur Phelps. He could not have told him that Theophilus was not insane in 1843, for he was insane. Arthur might not have understood him, for he rarely used the word *insane* in presence of insane persons. It was disagreeable to them.

In regard to the testimony in the case, he saw nothing irreconcilable with the insanity of the witness in 1844; nor, on the other hand, taking the evidence alone, as presented, was there anything to prove that he *was* insane at that time. But as he was insane in August, 1843, and as the morbid symptoms, which caused the aberration of mind, existed in 1844, he was of opinion that he was then insane, and not legally responsible.

*Dr. Brigham*, Superintendent of the State Lunatic Asylum at Utica, N. Y. *Judging from the testimony of the different witnesses, and of the gentleman himself, I find nothing, that brings conviction to my mind, that he was insane in 1844.* According to my experience, there is very little headache in the insane. A patient very rarely complains to me of his head, voluntarily. Dyspepsia and headache not unfrequently precede insanity; but, when committed to our care, patients seldom complain of headache. As a general fact, when their minds recover, their bodies recover; although their minds are sometimes relieved, before they recover their bodily health. There is frequently a mitigation of corporeal disorder, and a partial restoration of mind. Delirium passes away with fever; and nervous symptoms in dyspepsia, are relieved with the improved state of the stomach. *The young man's own account is such, as I never heard an insane man utter, but it is such as insane*



*men give, after they recover.* I do not attach much weight to shyness, which is very common with dyspeptics, and those who have been insane. I thought his headache, a very good explanation of his avoidance of company.

*Cross-examined.* Dyspepsia very frequently precedes, but generally subsides, at the commencement of insanity. I should think Theophilus was insane, at Worcester, in 1843. His expressions to Rev. D. Huntington did not indicate a perfectly sound mind; but somewhat such are common at religious revivals. I should think them, taken with his subsequent journey to Worcester, indicative of approaching insanity. His delusions and attempt to drown himself in the river, on Sunday, after his return from Worcester, prove insanity. A person, really insane, may write a book; but, if there is general insanity, I cannot conceive it possible. A quarterly periodical, in which the insane write letters, is published at our Asylum. Two-thirds of the 432 patients now in the Asylum, do some labor. If you ask almost any insane man a question, he will answer, yes, or no; pass the compliments, and talk about the weather correctly. Even a physician might not discover insanity, unless his attention was specially directed towards it.

*Dr. Isaac Ray*, Superintendent of the Butler Hospital for the Insane, Providence, R. I., (Author of a Treatise on the Medical Jurisprudence of Insanity.) *I have no hesitation in saying that Theophhilus P. Phelps was perfectly competent to attest the Will in 1844; that he had then abandoned the delusions of 1843; taking all the evidence as true, and his own account is one of the strongest proofs, I saw.*

*Cross-examined.* The only proof, I saw, of insanity in 1843, was the delusions, which he had abandoned in 1844. Dr. Gridley did not address his examinations to ascertain the state of Theophilus' mind. I form my opinion upon his own statement and his brother's, who

said that there were delusions to a certain time ; and afterwards, nothing indicative of insanity was observed. Theophilus made no attempt to conceal in 1843, or in 1844. I heard nothing of his delusions, after his return from Worcester, except his own account.

*Dr. Luther V. Bell*, Superintendent of the McLean Asylum, near Boston, Mass. *My conviction is, that Theophilus P. Phelps was equal to such a transaction, as the attesting of a Will, in July, 1844. I should hardly be willing to take his own account, alone, but with the other evidence, I am of opinion that he was sane in July, 1844.* I have seen no evidence of his insanity, during that year. I have no doubt of his insanity at Worcester, in 1843, but presume it gradually disappeared in two, or three months. My experience is, that the insane complain very little of headache, though they will sometimes admit it if questioned.

After *Rev. F. D. Huntington* had re-stated his testimony, and fixed the time of his interview with Theophilus, at Boston, in July, 1843, the counsel on both sides declared that the case was closed.

The evidence was here closed on Wednesday afternoon, about six o'clock.

The Court adjourned to Thursday, at 8 o'clock, A. M.

#### THE ARGUMENTS.

On Thursday morning, the Court House was crowded to its utmost capacity, including a handsome complement of ladies, to listen to the arguments. Mr. CHOATE occupied about three hours. He began by remarking that the heirs-at-law of Oliver Smith, the children of his brothers and sisters, have brought this case before you, under the full conviction that the instrument here offered for probate, ought not to deprive them of their inheritance. It is not surprising that they have come hither in confidence that you will thoroughly investigate their claims, and equitably adjust them. Ever ready, and offering to make a compromise with the legatees, yet they are not



willing that this whole estate should pass from the name and family of the testator, by mere *forms* of law, and against its spirit. They are no *distant* heirs, coming from a far-off country to claim this estate. But they were near and once dear to the testator. They dwelt around him, rendering those nameless kind offices, which ministered to his comfort.

To a valid Will, the law gives absolute effect; and if the testator has complied with the *forms* of law, the Will must be executed, however absurd or unnatural its provisions may be. Surely, such a Will as this could never have been anticipated; it was not to be *dreamed* of. It was natural that those who had lived around him for fifty years, his relations by blood, should expect from their uncle, a bachelor, at least some token of his remembrance. Had he seen fit to divide between them and the devises, regarding as well the claims of blood as of the public service, as we are now ready to do, the labor of this investigation would never have fallen to you.

No doubt the owner of property by complying with the provision of the law, may disinherit the child of his loins. The law *first* provides for heirs, and says that while a right Will may deprive them of their inheritance, yet the *forms* of law must be strictly and rigidly followed. The reason why the law provides that property shall descend to heirs, in the absence of a Will, is not that *somebody* may be made richer, but to save the rush and scramble that would ensue if *everybody* had an equal right to the accumulations of the deceased. While a relative exists on the face of the earth, the law seeks him out, and not till the most diligent scrutiny fails to find an heir, will the law interpose to take such property for public uses. And this is according to nature and the eternal fitness of things. Therefore, in every code, by every law-giver, in every age, the right of the heir-at-law has been held first and most sacred.

Still, a discretionary power is given to disinherit heirs. But it may be so cruelly, so suddenly, and so capriciously exercised, as to disappoint the most reasonable expectations. Therefore, while the general power is sacredly secured, every law provides a great variety of *forms*, complying with which, the testator may disinherit his child; but failing to comply with them, *there is no Will*. The ties of blood are then regarded. Then the first and the last Will, is the Will of the law.

The Will of Oliver Smith is not according to the forms of law.

The law requires that every Will be attested by three competent witnesses—competent to inspect the mind of the testator—competent to judge of the whole transaction. The principal object of this provision is to protect the heirs-at-law, and, in a limited degree only, to protect the testator. For the protection of the heirs, the law provides that the testator shall be surrounded by three competent witnesses, to read the mind of the testator. In the present case we have not such witnesses. We are entitled to three *minds*, and not to three *bodies* merely. We are entitled to three *whole* men—men independent of each other, but we have'nt got them.

Generally men do not make their Wills until old age or sickness is upon them. It is when the testator approaches the line of imbecility, that the security of witnesses is required, lest cunning men come between him and his child.

Mr. Choate then went on to state his views of the legal meaning of a *competent* witness to a Will. He must be able to 'try the mind' of the testator, and judge of his sanity. On this point various authorities were cited and commented upon, particularly the opinion of Lord Camden, who ruled that a witness to a Will should be able to 'inspect' the mind, and test the capacity of the testator.



Mr. Choate then laid down the proposition that Theophilus P. Phelps was not such a competent witness; which he maintained at length, upon a review of the testimony of the case.

Without going into the minutia of insanity, he contended, that whatever might be the character of his disease, he was not capable to perform the function required of him. In this case particularly, should the jury require the utmost and the strictest evidence of competency. The witnesses were a father and two sons—not three independent minds. No one ever sat on a jury with two of his sons.

Look at the manner in which the transaction was done? What was done to test the capacity of the testator? Nothing at all. Here was an old man, upon the verge of the grave. Neither of the witnesses were acquainted with him—never had spoken a word to him, and scarcely knew him. They were called in. The testator was asked if it was his last will and testament, and if he wished the witnesses to sign it. He said yes. They signed it, and went away. The whole transaction was without the *form* of inspection.

Witnesses to a Will should be perfectly sound in mind. What are they to do? As before stated, they are to surround the testator, to protect the heirs-at-law. They are to *try the testator's mind*. Think of Theophilus P. Phelps, trying the capacity and sanity of Oliver Smith! The witnesses are also to protect the testator, whose hands may have outlived his head, from imposition.

To perform such a function, the witness must possess a quick perception and close observation. The mind that reads the spirit must be free from morbid influences, and must be in a perfectly normal state.

Theophilus P. Phelps is the son of an educated and able man—grand-son of the illustrious Theophilus Parsons. It was natural that he should have been destined to a profession. He went to college. For the first,

second, and third years, he was cheerful and social, and in these respects, in no way unlike his fellow students. In the latter part of the third, or the beginning of the fourth year, he was taken sick, not of common disease, but of a morbid disease of the *brain*. He went home once or twice, and was unable to perform his part at commencement. It was then that he dropped *mentally dead*,—that day his mind died. Then began that strange pain and oppression of the head, from which he has never since been free. From that hour to this, a settled gloom has hung over him like a pall. His occupation in the field, and in the composition of his book, were struggles to work off his feelings. Life from that time, save the brief period of mental excitement in 1843, has been to him a long sleep of the soul. For six years he has not entered the house of a neighbor; for six years he has not enjoyed the calm air of a house of worship. He has been ever eating his own heart.

In August, 1843, he was not mad for the *first* time, but *differently* mad. He then became visibly and openly insane. His eye, which was to inspect the mind of the testator, saw a conspiracy in his own brother. To escape from this he attempted suicide. It was a disease of the brain—of the nervous system. Such a witness is not what we are entitled to by law.

Mr. Choate then went on to argue that the burden of proof, as to the competency of the witness, was upon the party setting up the Will; and that inasmuch as it had been shown, on the part of the heirs-at-law, that the witness was of unsound mind a few months before the date of the attestation, it became necessary for the other party to show a restoration. This rule as to the burden of proof was qualified by another rule, that where the insanity originated in some sudden, acute, particular cause, then there was no presumption that the insanity continued after such cause had subsided.



He then argued upon the testimony, that no such sudden cause had been shown in this case, the accident of his father being inadequate. His mind never turned on the accident to his father. His disease existed certainly a month before the accident—on his return from Philadelphia; and whether it commenced at the close of his college life, or not, it is indisputable that it existed from July, 1843, to December or January, following. Unless, then, the other party show that after that time, the disease was removed prior to July, 1844, the presumption is, that he continued insane until that time.

The testimony in the case, fails to show whether, or not, the insanity was so removed. If he were now on trial for perjury in 1844, would you convict him? The law would not hurt a hair of his head. It is of no consequence whether he be restored at the present day—that is wholly collateral to the issue.

His own account does not prove such restoration. In this Dr. Woodward and Dr. Bell, agree. On the contrary, it proves him to have been incompetent to attest the Will. He was there present; but he now remembers the signing of only one paper by the testator. His mind was not there; he was brooding over some delusion.

He gives no reason for his recovery in December, 1843; none has been given. The same bodily disease continued as before that time.

All that has been offered in evidence to prove his restoration before the attestation of the Will is reconcilable with the continuance of his disease. An insane man can labor in the field, can compose a connected book, can take delight in reading.

But the medical men who were called hither, as experts, rely upon the fact that the *family* did not notice insanity, as evidence, almost conclusive, that none existed; but it is not; they constantly avoided probing him. When

he came home from his attempt to commit suicide, not one of them asked him a question. His brother never inquired why or how he supposed that *he* designed to injure him. Insanity unquestionably existed in 1843, yet none of the family suspected it.

Mr. Choate then recapitulated his three principal positions: 1st, that insanity having been proved near the beginning of 1844, the burden of proof was on the other party to prove a restoration in July, following.

2d, that the testimony offered for the purpose was reconcilable with continued insanity.

3d, that every cause of his insanity at any time, is shown to have existed when the Will was attested.

Those causes, said Mr. Choate, were partly the terrible pain and oppression of the head, which lasted for six years; but mainly and chiefly his long idleness and solitude from the time when he left college to the present day. Mr. Choate dwelt at length, and with great effect, upon seclusion as a cause of melancholy, and madness; and concluded with a beautifully apposite quotation from Burton's *Anatomy of Melancholy*—his closing injunction to those disposed to insanity;—‘*Be not solitary, be not idle.*’

We have given above, a brief outline of Mr. Choate's argument, occasionally using his phraseology; but we think it bare justice to him to say, that no one but a short-hand writer can adequately report his language.

After a recess of five minutes, Mr. WEBSTER addressed the jury about two hours.

He commenced by observing that in the case itself there was nothing extraordinary. It involved the attestation of a Will. There may be interesting circumstances around it. The case turns a good deal on the character of a young man. The property is large. The heirs are disappointed. There is enough to make a scene and a picture. There is the canvas, and, as you have seen,



there is a master. Things have been presented in a dramatic form. Dramas are made from common occurrences. The hand of a master gives them interest. The scenes of Shakspeare are more interesting now than when they occurred. It is a common remark that Apollo and Venus and all statues are but human works, wrought out of rough stone.

Your duty is, to take the common view—to go to the real and substantial facts. The question is the Will of Oliver Smith. He made a Will, and disposed of his property in charities. The heirs are said to be disappointed. He was a bachelor, and left no brother or sister. His nephews and nieces are worthy persons, but they were not members of his family. Nor are they necessitous. I do not suppose that their rights are violated. You must distinguish between expectations and rights. Mr. Webster here gave a history of the English law relating to Wills, and proceeded to remark, that a man has a right to dispose of his own.

I suppose, continued Mr. Webster, I shall administer relief in reading the issue—[which was, that the Will was not properly executed, on account of the incompetency of one of the witnesses, by reason of insanity.] Out of the issue, continued Mr. W., you have no more to do than the crier of the court. The Will may be a good Will, or it may be a bad Will. With this you have nothing to do. One of the reasons of the appeal has been abandoned. It is agreed that Mr. Smith was of sound mind. In one aspect, then, it is a mere question of form. No question is raised about the capacity of the testator. But this does not dispense with the necessity of three attesting witnesses. The law requires it. Property is the creature of law. Man has a right to what the law gives, in substance or in form.

It is said that the heirs would be glad of an equitable adjustment. The question has but two straight sides

with no space between. It is either a Will or it is not a Will. The estate all goes one way or another. Ideas of equity and compromise cannot bear criticism for a moment. Mr. Smith's purpose is manifest. But if the Will was not made according to law, legatees and towns have no right by which they can complain. Suppose the heirs get the case, would they compromise with the executor?

Now, what is a competent witness under the law? Must he be an expert? If so, he must be a doctor. Must he be skilful? Every one knows it is common for a man to call in his cook, or his chamber maid, or his stable boy, to witness an instrument. I differ from Lord Camden, as to the necessity of a witness being capable of '*inspecting*' the testator's mind. We know of no such practice, except so far as this, that a witness would wish to know whether the testator was of sound mind and memory. When a respectable old man rides over, on a morning, from Hatfield to Hadley, in a chaise, and proposes to execute a Will; reads it, and calls in young men to witness it; such an idea as the young men inspecting and catechising that old man would be new in Massachusetts. The idea of '*inspecting*' the testator's mind arose in this way. In former times, there were no witnesses to Wills. A notorious case of fraud occurred in the time of the English Commonwealth. A testator went to one Baynam, a lawyer, to make his Will. Lawyers are not always as honest as they should be. Baynam made the Will, and Baynam was the only witness, and Baynam was the principal legatee to the whole estate. This Will was sustained, and by Lord Camden. This led to a reformation of the law and the statutes, from which we have borrowed. The law intended that witnesses should be disinterested—competent. I know of no law that places the competency of a witness to a Will on any other or different ground than a witness in any other case. Any competent witness in a court of



law is a competent witness to a Will. He must have intelligence and not be infamous. A witness competent to testify in a case of assault and battery is competent to witness a Will. This has been decided to be the doctrine of this court. All that is required, is disinterestedness and freedom from infamy. Chief Justice Parsons says, 'witnesses are credible (competent) whom the law will trust to testify at the trial.' They must have understanding to know the nature of an oath. All competent witnesses are sufficient inspectors and guardians. If on July 15th, 1844, Theophilus Parsons Phelps was a person who could be sworn in an assault and battery case, he was competent to witness this Will. The great thing to be guarded against is incompetency on account of interest.

Mr. Webster then spoke of the burden of proof, which was contended by opposing counsel to rest on them. He said we will prove anything the case requires. Presumption is in favor of sanity. They who deny sanity, must prove insanity. We must go on the facts in each case. If a man's mind is capable at the time, of doing what he undertakes to do, he is competent. The insanity must appear to be incurable, like a malady from a blow on the head. If insanity is temporary, or coming and going, no such inference arises.

It is not every degree of insanity, that incapacitates a man for business. A witness must have power and intellect enough to apply his mind to the subject before him. Incipient madness would not incapacitate a man for business. Look at the practical results of the theories set up here. A man is competent to do anything he undertakes to do; and yet the doctors prove a lurking insanity, which unfits him for business, and exempts him from crime.

The precise test in this case is this. If Theophilus Parsons Phelps had been brought into court, as a witness, on the 15th of July, 1844, he could not have been rejected as

a witness. The other side resort to theory. Call in the Dr.—‘Canst thou not minister to a mind diseased?’ There was no witness to show insanity on the 15th of July, 1844. Witnesses are false, or else the witness was competent. The other side were brought into the unenviable position of defeating their own cause. They have knocked away their own platform. They made no objection to the witness on the stand. The counsel spoke of him as mentally dead—dead—dead! Can a dead man testify?

Mr. Webster then recapitulated the history of the young man, and after some further remarks in reply to the opposing counsel, proceeded to say, that the magnitude of the case, justified the course pursued by the heirs. Experts had been called to give their opinions agreeably to modern progress in the diagnostics of insanity. I am content with Locke and Reid. The theory of Dr. Woodward is, that if ill health continued, derangement continued. But he says that the state of the mind, at the time of the transaction, is the true test to be regarded. He thinks the mind could not have been clear. Other evidence is, that it was.

Mr. Webster then summed up the points of the argument, and closed by reminding the jury of the sad effects of a verdict declaring the young man insane, and of the satisfaction which a different verdict would give to him and his friends.

#### JUDGE WILDE'S CHARGE TO THE JURY.

The Judge reminded the Jury, that the issue before them was, whether the Will was attested by three competent witnesses. They were to throw out of their minds the Will, the amount of property, the expectation of the heirs, and all other considerations. Every man might lawfully dispose of his property. The heirs in this case have no rights, if the Will was properly executed. The main question under the issue, is, *whether Theophilus Parsons Phelps, was a competent witness, within the meaning*



of the 6th section of the 62nd chapter of the Revised Statutes?

“No Will, excepting such nuncupative Wills as are  
“mentioned in the following sections, shall be effectual  
“to pass any estate, whether real or personal, nor to  
“change, or in any way affect the same, unless it be in  
“writing, and signed by the testator, or by some person  
“in his presence and by his express direction, *and attested*  
“*and subscribed in the presence of the testator, by three or more*  
“COMPETENT WITNESSES; and if the witnesses are *com-*  
“*petent* at the time of attesting the execution of the Will,  
“their subsequent incompetency, from whatever cause it  
“may arise, shall not prevent the probate and allowance  
“of the Will, if it be otherwise satisfactorily proved.”

*Credible witnesses* were required in the old statutes before the revisal, and by the English statute. Hence, the English cases turn chiefly on the word *credible*. The result of the great case before Lord Camden, cited by counsel, is, that *if a person can testify, he is credible*. The word *competent*, substituted in the Revised Statutes, has the *same* meaning as *credible*, for which it is a mere substitute, and it has been so decided by this court. The principal elements of competency are absence of interest, of infamy and of imbecility of mind. The Judge commented at length *on the evidence of the mental capacity* of Theophilus P. Phelps, and concluded, that if the jury believed, that *he might have been admitted to testify in court, immediately after attesting the Will, he was a competent witness within the statute*. The *burden of proof* was upon those setting up the Will, which must fail, if the jury had any doubt.

The jury were out about an hour, and returned with a verdict, ESTABLISHING THE WILL.

## ARTICLE VI.

## STATISTICS OF SUICIDES,

*Which have occurred in the State of New York, from Dec. 1, 1846, to Dec. 1, 1847; compiled from the records of the N. Y. State Lunatic Asylum at Utica: By C. H. NICHOLS, M. D., Assistant Physician at the Asylum.*

Constant access to about fifty of the principal newspapers published in different sections of the State, has brought to our knowledge, a total of one hundred and six cases of suicide, that have occurred during the past year, being forty-two more than in 1846, and thirty-two more than in 1845.

They have taken place in thirty-two out of the fifty-nine counties, as follows:—

	MALES,		FEMALES,		TOTAL,	
Albany,	5,		1,		6	
Cattaraugus,	1,		0,		1	
Cayuga,	1,		0,		1	
Chautauque,	0,		1,		1	
Chenango,	1,		0,		1	
Columbia,	1,		0,		1	
Dutchess,	3,		0,		3	
Eric,	5,		1,		6	
Genesee,	1,		0,		1	
Greene,	1,		0,		1	
Kings,	3,		3,		6	
Lewis,	1,		0,		1	
Madison,	2,		0,		2	
Monroe,	3,		0,		3	
New York,	35,		10,		45	
Niagara,	1,		1,		2	
Oneida,	0,		2,		2	
Onondaga,	2,		2,		4	



Orange,	"	0,	"	1,	"	1
Otsego,	"	3,	"	0,	"	3
Queens,	"	0,	"	1,	"	1
Rensselaer,	"	1,	"	1,	"	2
Richmond,	"	1,	"	0,	"	1
Saratoga,	"	2,	"	0,	"	2
Schenectady,	"	1,	"	0,	"	1
Seneca,	"	0,	"	1,	"	1
Suffolk,	"	1,	"	0,	"	1
Sullivan,	"	0,	"	1,	"	1
Ulster,	"	1,	"	0,	"	1
Washington,	"	1,	"	0,	"	1
Wayne,	"	1,	"	1,	"	2
Wyoming,	"	1,	"	0,	"	1
		<hr/>		<hr/>		<hr/>
		79,		27,		106

Making the census of 1845 the basis of the calculation, this table gives for the whole State, a proportion of 1 suicide to a fraction more than 24,570 persons; for the city of New York, 1 to a fraction more than 8,246, and for the State exclusive of its great city, just 1 to 36,613,—like tables compiled for the two preceding years\*, and also like observations made in France and other countries, exhibiting similar results. It will be seen that during the past year, the occurrence of suicide has been more than four times as frequent in the city of New York, as in all the other parts of the State, including its numerous other considerable cities and villages; indeed, it may be said that, in *great cities* when compared with the country, all the human passions are exercised with more than four-fold constancy and intensity, and that reverses of fortune and disappointments of desire, are more frequent by four-fold, and are accompanied by a shock of the intellect or affections, more than four times as severe, and by more

\* See Vol. III., p. 349 of this Journal.

than four times the liability to that temporary or continued overthrow of reason, which induces self-destruction;—reflections which should go far to teach the country-man longing for the town, contentment, and should warn the dwellers in cities, of the vast importance of the most rigid discipline both of body and mind.

Of the preceding cases, there occurred in

December, (1846,)	MALES, 4,	FEMALES, 4,	TOTAL 8.
January, (1847,)	“ 3,	“ 1,	“ 4
February, “	“ 10,	“ 3,	“ 13
March, “	“ 5,	“ 1,	“ 6
April, “	“ 5,	“ 6,	“ 11
May, “	“ 5,	“ 4,	“ 9
June, “	“ 10,	“ 2,	“ 12
July, “	“ 10,	“ 1,	“ 11
August, “	“ 7,	“ 2,	“ 9
September, “	“ 7,	“ 1,	“ 8
October, “	“ 10,	“ 1,	“ 11
November, “	“ 3,	“ 1,	“ 4
	—	—	—
	79,	27,	106

Winslow says, “there are more almost constantly in April,” but here there are four other months having as many, or more, than the one mentioned.

#### *Seasons.*

Winter, (1846–7,)	MALES, 17,	FEMALES, 8,	TOTAL 25
Spring, (1847,)	“ 15,	“ 11,	“ 26
Summer, “	“ 27,	“ 5,	“ 32
Autumn, “	“ 20,	“ 3,	“ 23
	—	—	—
	79,	27,	106

Though the difference is not striking, this table goes to confirm preceding observations, that suicides are generally more frequent in hot than cold weather.



*Civil Condition.*

Married,	Males,	24,	Females,	8,	Total,	32
Single,	"	9,	"	8,	"	17
Unknown,	"	46,	"	5,	"	51
		79,			27,	106

*Ages.*

From 10 to 20,	Males,	2,	Females,	2,	Total,	4
" 20 " 30,	"	13,	"	8,	"	21
" 30 " 40,	"	11,	"	0,	"	11
" 40 " 50,	"	6,	"	1,	"	7
" 50 " 60,	"	4,	"	2,	"	6
" 60 " 70,	"	5,	"	0,	"	5
" 70 " 80,	"	3,	"	1,	"	4
Unknown,	"	35,	"	13,	"	48
		79,			27,	106

Age of the youngest, an unmarried female, 15; that of the oldest, a married male, 75.

*Assigned causes*, given mainly in the words of the respective authorities:—

Insanity,	Males,	24,	Females,	6,	Total,	31
Melancholy,	"	3,	"	3,	"	6
Domestic trouble,	"	2,	"	2,	"	4
Delirium Tremens,	"	2,	"	1,	"	3
Pecuniary embar- rassment,	}	2,	"	0,	"	2
Disappointment in love,		2,	"	0,	"	2
Intemperance,	"	2,	"	0,	"	2
Seduction & desertion,	"	0,	"	2,	"	2
Dissipation,	"	1,	"	1,	"	2
Despair,	"	1,	"	1,	"	2
Destitution,	"	1,	"	1,	"	2
Loss of property,	"	1,	"	0,	"	1

Discovery of his own fraud,	} “	1,	“	0,	“	1
Millerism,	“	1,	“	0,	“	1
After dispute with wife,	“	1,	“	0,	“	1
After discharge from work,	} “	1,	“	0,	“	1
After murder,	“	0,	“	1,	“	1
After attempting to murder wife; intemperance,	} “	1,	“	0,	“	1
After receiving a disagreeable valentine,	} “	0,	“	1,	“	1
After enlisting in the army; had been a school teacher,	} “	1,	“	0,	“	1
Fear of want; being out of employment,	} “	1,	“	0,	“	1
Insanity, caused by pecuniary embarrassment,	} “	1,	“	0,	“	1
Insanity, at the same time drowned her child,	} “	0,	“	1,	“	1
Unknown,	“	31,	“	7,	“	38
		<hr/>		<hr/>		<hr/>
		79,		27,		106

Of the 244 cases of suicide known to us, which have occurred in the State during the last three years, the ages of 127 only have been ascertained, and of these, 57 or about four ninths, were committed by persons under 30 years. And, of the 1333 different patients admitted into this institution during the same years, the insanity of 635 or very nearly one half, commenced when its subjects were also under the age of 30 years, and the same concordance in the period of life at which suicide and insanity are most frequent, has been observed in other countries. By reference to the last table, and to a similar one compiled last year,\* it will be perceived, that of

\* See Vol. III., p. 352.



the 149 cases for which causes were assigned in the public journals, 91 or more than three fifths, were attributed either to insanity alone, or to other causes with at least temporary aberration of mind conjoined. Recollecting, moreover, that a disposition to suicide is common among the insane who never commit the act; that unwarned suicide has occurred in one and insanity in another member of the same family hereditarily predisposed to mental derangement, and that it is most frequent at a time of life when the conservative instincts are strongest, we are led to the belief to which our feelings strongly incline us, that the awful deed of self-murder is rarely committed in well regulated Christian communities by persons of sane mind,—that *suicide is generally one of the accidents of insanity.*

That the best security for persons known to be melancholy or partially deranged, is the “constant care of a judicious friend, or what is still better for their recovery, a residence in a Lunatic Asylum,” is one among some other practical inferences of great consequence, to be drawn from the last table. For important precepts in regard to the prevention of suicide, with forcible illustrations by cases in point, the reader is referred to Vol. 1. Article IV of this Journal.

*Manner of Committing the Act.*

	M.	F.	Total.	Average age.	
Hanging,	23,	6,	29.	of 14 kn'wn,	40.85 y'rs.
Cutting throat,	19,	5,	24.	“ “ “	39.28 “
Poisoning,	15,	9,	24.	“ 17 “	31 “
Drowning,	11,	4,	15.	“ 8 “	47.57 “
Fire arms,	16,	0,	6.	“ 2 “	41 “
Jumping from } height,	2,	1,	3.	the female,	26 “
Strangulation,	1,	1,	2.	neither known.	
Stabbing,	1,	0,	1.	aged	45 “

Bleeding from arm,	}	0,	1,	1.	"	20	"
Unknown,		1,	0,	1.			

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Total, 79, 27, 106. of all kn'wn, 36.33 "

This table and most other similar observations coincide in going to show that *hanging* is the most frequent means of suicide. At Geneva with a lake and two rapid rivers, the larger number drown themselves, probably because of the unusual facilities for that purpose.

In Prussia 1 of every 3.87, and at Geneva 1 of every 4.29, shoot themselves, while in this State for the three last years, only 1 of every 10.6, resorted to fire-arms to effect their purpose. The two first are military countries where every man is familiar with the use of fire-arms, and the tragedies they occasion; here, we are not so much accustomed to them, and have a greater dread of their use.

This table also seems to show that females and the younger class of persons of both sexes, have the most frequent recourse to poisoning, as being attended with less that is revolting to the natural timidity of the young and the gentle.

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## ARTICLE VII.

### MORTALITY IN LUNATIC ASYLUMS.

The mortality of the insane, though an interesting subject, is one difficult to study with the accuracy requisite to satisfactory results. It depends on such varying and local circumstances, that nothing conclusive is learned by comparing the number of deaths at one institution with those of another.

Some Asylums are able to select their cases, and rarely



receive any very bad ones; others do not receive the epileptic insane and those disposed to suicide, unless provision is made by their friends for special attendance and care; while some institutions are obliged to receive all that are sent to them. Again, in some Asylums, many of the patients are from the immediate neighborhood, and are supported by their friends, and when likely to die, are removed to their homes, while most of those in other establishments have no friends to take care of them, or are from a distance too remote to be sent home when feeble.

Pinel, setting aside cases of senile dementia, estimates the mortality of the insane at one to twenty or twenty-three. Raymond found the mortality at Marseilles to be as one to fourteen. Tenon, at Paris, in 1786, fixed it at one to eleven. Esquirol thought it higher, even one to six or eight, and gives the following from his records:—

Mortality in Mania, one to twenty-five.

“ “ Monomania, one to sixteen.

“ “ Lypemania, or Melancholy, one to twelve.

“ “ Dementia, one to three.

According to the records of the Lunatic Asylums in the Northern States of this country, for the last five years, viz., in Maine, New Hampshire, Vermont, Connecticut, the McLean, South Boston, and Worcester, Massachusetts; the Bloomingdale and Utica, New York; the Friends' Asylum, and the Pennsylvania Hospital for the Insane, Pennsylvania, and the Ohio, the mortality in none is higher than *one in eleven*. Eight thousand, seven hundred and twenty-four patients have been treated at these institutions during the last five years, and the deaths have been 687, or about one in thirteen.

We have not complete returns from the Asylums in the Southern States, but judging from those we have, their mortality is greater, but we shall endeavor to procure

more full statistics on this subject, and recur to it again.

We have received from the Commissioners in Lunacy, England, a copy of their Reports relative to the Haydock Lodge Lunatic Asylum—the result of an investigation made by them with special reference to the mortality which prevailed in that Asylum, during the years 1845 and 1846.

The number of patients in the Asylum, and the deaths, were as follows:—

Number of patients, January, 1845,	292
Admitted from that time to the 30th June, 1846: eighteen months,	} 486
	—
Total,	778
Deaths during the same period,	148

On the subject of the mortality in Lunatic Asylums, the Commissioners remark, “The public are not generally aware how incorrect would be a comparison between the inmates of such establishments and the population of work-houses, prisons, and other receptacles in which large numbers of persons are congregated, who are, for the most part, in sound health, or who, at least, do not labour under any particular disorder that threatens to shorten life. A great proportion of the patients admitted into Lunatic Asylums must be considered as the subjects of severe and dangerous disease. Many of those who have been recently attacked by mania, fall victims to violent excitement, arising from that disease and from long-continued agitation, which wears out and exhausts their strength.

A greater number sink under the various forms of bodily disease, or broken health (occasioned, in some instances, by continued intemperance, and in others resulting from poverty, domestic misery, and long-continued privation of the comforts of life), which are themselves the prelude and foundation of insanity.



Many inmates of Asylums are likewise the subjects of still more formidable maladies; some threatening the sudden termination of life, such as epileptic or apoplectic seizures; others known to be uniformly fatal in their termination, such as the paralysis of the insane. From all these causes, the lives of lunatics are much more precarious (and of more uncertain duration) than the lives of healthy persons; their constitutional vigor is less, and they are more liable to sink under the influence of incidental disease. They also fall a prey in great numbers to any distempers which may break out, or be introduced among them.

For example, dysenteries and fevers often spread and are fatal, and the Asiatic cholera has destroyed great numbers in those lunatic asylums into which it has entered; and in all these cases, the ravages of disease have been greater than amongst equal numbers of sane persons. We might in fact compare the population of Lunatic Asylums, in regard to the probable duration of life, with greater propriety to the inmates of infirmaries or hospitals for the sick, than to any other receptacles, in which persons, previously in sound health, are usually congregated.

Even as respects the various licensed houses, a great difference exists, arising from the fact of some houses receiving only (or chiefly) patients belonging to the richer classes. These are, for the most part, when first admitted, in better bodily health than paupers, and are more rarely the subjects of paralysis or epilepsy. Amongst patients of this sort, it is observable, that although some die in the early stage of the disease, and others give way after it has been of long standing, yet that a considerable proportion of chronic cases, continue to live for many years, and, consequently, that the mortality is small when compared with that which takes place amongst the pauper class.

The only Asylums which admit of a fair comparison with that of Haydock Lodge, are the large private establishments appropriated to the reception of pauper patients, particularly those recently opened, which, having abundance of room, and admitting paupers indiscriminately, (from whatever quarter sent, and however bad and troublesome the cases may be,) become speedily filled with lunatics afflicted with epilepsy and paralysis, in all stages of their respective diseases.

As an illustration of the causes of mortality occurring at Haydock, we subjoin an abstract from a return made to this office from one of the large Asylums admitting pauper patients, in the neighbourhood of London,—the Grove Hall Asylum at Bow, which was opened in 1845. The total number of patients in Grove House, Bow, on the 4th of August, 1845, was 134, and during the year ending 4th of August, 1846, 337 patients were admitted, making a total of 471. The number of deaths during this year, amounted to 82. This, it will be seen, exhibits nearly the same proportion of fatal cases as that which occurred at Haydock Lodge, during the period to which our inquiry extended. It should be observed, that the Asylum at Bow is extremely well arranged; and that the patients are under the care of an able and well-informed medical practitioner, who is indefatigable in the discharge of his duties, and by whom they are well treated, and their comforts, in every respect, properly attended to."

The Commissioners did not, for various reasons, think it desirable or expedient, that the license granted to Haydock Lodge Lunatic Asylum, should be revoked or discontinued; they, however, did not approve of the management of the establishment, and we are pleased to see that they are becoming dissatisfied with private Lunatic Asylums for the insane poor. They say, "it is difficult by any system of visitation, however vigilant, to prevent the



possibility of abuse, in extensive pauper lunatic Asylums, like Haydock Lodge, which are set on foot and maintained merely as trading speculations, with a view to pecuniary profit, and where the extent of that profit must depend on the amount that can be saved out of the sum paid for the board of each individual, as compared with the actual cost of maintenance, upon a very large aggregate number of patients.

The system which holds out so great and constant a temptation unduly to increase the numbers and diminish the expenses of patients, we rejoice to think will not be long suffered to continue; and we view with pleasure the prospect of its certain abolition through the operation of the recent legislative measures, by which adequate accommodation for the insane poor throughout England and Wales, must speedily be provided, in Lunatic Asylums erected and maintained at the public charge."

The Report gives us a very favorable impression of the ability, faithfulness, and industry of the Commissioners in Lunacy, and we have no doubt their labors are of great utility, and will effect in time, a very desirable change in the treatment of the insane, especially of the insane poor of England.

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#### MISCELLANY.

LUNATIC HOSPITALS OF PARIS, from "*Old Wine in New Bottles*," BY A. K. GARDNER, M. D.

##### SALPETRIERE.

From the Gobelins we went to the Hospital devoted to the aged and poor women, and the female lunatics of Paris. It is one of the most immense of the establishments of the city. The distance around its walls exceeds three miles. Within the enclosure are contained the numerous

buildings, which formerly were used in the manufacture of saltpetre; whence it derived its name in common use, *La Salpêtrière*. The population of the place is now about seven thousand; but it has comprehended in by-gone years, nearly ten thousand souls. A large church is most worthy of notice among buildings possessing little that is remarkable, except their enormous size. It is built in the form of a star, four angles of which compose as many chapels, which look particularly light and cheerful, when contrasted with the sombre appearance of other churches and cathedrals. Of the inhabitants at present, fifteen hundred are composed of lunatics, idiots and epileptics. These are the materials used by Esquirol, in the formation of his distinguished treatise on the insane. With such opportunities for observation, it is not astonishing, that so talented an individual should have accomplished such valuable results. His successors are indebted for distinction more for their occupancy of his place, than any contributions they have made to science. The multitude of patients allows their classification according to their degree of lunacy, thereby contributing exceedingly to their happiness and probability of cure. This is in a great degree impracticable in the United States, from the limited number collected in one place; which is very much to be regretted, since it is well known by all who have had the care of this unfortunate class of patients, that one noisy and turbulent individual is almost certain to excite all within the sound of his voice. The most violent are disposed of, in a place far away from all the others. Within the exterior walls, are some twenty small brick houses, each having one, perhaps two apartments, containing a bed. These houses are about thirty feet from one another. Warmth is communicated by means of a stove placed in the walls; the fire being kindled from without. One of these structures is appropriated for an intendant, who has the charge of the patients placed here.



In this manner the noisy and quarrelsome are prevented from exerting a detrimental influence on those around them.

This method has been adopted in many of the Insane Hospitals of the United States in a modified degree. One edifice in particular, at the city pauper establishment at Boston, has recently been erected, which however, I fear, will but partially effect its object, since it is to contain a half dozen patients, or more, who will mutually excite each other; while from its contiguity to the main building, the noise can be easily heard, especially in summer, notwithstanding its arched walls are expected to entirely muffle the sound. The absence of the iron-grating, universally seen on the windows of similar institutions in America, and the unlocked doors, permitting the patients to go out at will, into the inclosure, whose lofty walls forbid escape, comprise the most striking peculiarities. Each of the separate divisions is supplied with a garden, court-yard and work-room, and in fact is a complete establishment in itself, totally unconnected with the others. Here are spots of land belonging to the patients, which, though neglected at this season, bear marks of order and attention. They were collected at our visit in the work-rooms, some of the old being engaged in spinning flax, knitting, &c. The making of clothing seemed the principal employment. In one I noticed a piano. The bed-rooms, arranged for twenty beds or more, were perfectly neat, the floors nicely waxed, and the linen white and clean. I wish some of our Yankee girls would learn to make a bed of the French. The sheets are always smooth, and every thing disposed so comfortably, that one really likes to go to bed.

#### HOPITAL DE BICETRE, AND ITS OCCUPANTS.

Half a league from the barrier *D'Italie* is the *Hôpital de Bicêtre*, one of the most interesting of all the charities,

with which Paris is adorned. The first building on this spot was the chateau, erected by John, bishop of Winchester, in 1204, and thence called after him Wincestre, which, twice altered in the lapse of ages to Bichestre, and Bicester, at length assumed the name of Bicêtre, by which it is now known. In 1632, Louis XIII. bought it, and established there a military hospital for invalids. Louis XIV. annexed it to the *Hôpital de la Salpêtrière*; and it is now in all respects a similar establishment, except that it is entirely devoted to males, as the other is to females. It is an immense range bearing the scars of antiquity, though well preserved. In an architectural view it is not so striking as the Salpêtrière, for it wants its grand church dome rising majestically from the centre of masses, which appear to be one entire structure.

This building is divided into five departments. First, the *reposans*, who are the servants of the various hospitals of the city. At a certain age they withdraw to this retirement, where a comfortable home is afforded them during the residue of their lives. Then come the infirm, who are at least eighty years of age—the oldest in the house having reached ninety-seven years. Persons, who have turned their three score years and ten, compose the third department. The fourth consists of the infirm poor, and those of all ages, who are infected with an incurable disease. A melancholy miscellany of insane, idiots, cretins and epileptics, constitutes the fifth and last department. The first four departments number four thousand persons; the fifth alone nearly nine hundred.

It is the fifth division, however, that demands our deepest sympathies. Poor creatures! sunk below the level of humanity, wanting the faculty of reason, yet without possessing instinct, its substitute in brutes, they form the saddest spectacle, that can be presented to human eyes. Tenderly should they be cherished by human hearts. And well has that obligation been here



redeemed. How soothing it is, even to the ordinary feelings of our nature, to behold the humane attention which is paid to them, though subject, as many are, to the most filthy and disgusting habits! Their dormitory is perfectly pure, and free from the least odor; the waxed floor reflects the face of the visitor; and the beds are scrupulously clean and neat. This ward is a model for all similar ones, that I have ever seen. The most faithful and unremitting labor alone could have accomplished this herculean task. The buildings appropriated to the lunatics are long and low, rising to a single story only. The most strenuous exertions are used to sustain them in complete order. The oaken floors of palaces cannot surpass the brilliancy of the daily waxed floors of these cells. Their food is little better than that of the other tenants of the hospital. I thought it strange that wine, which has more or less effect on the head even of a sane man, should be served to them at the rate of half a bottle a day—sufficient surely to plant

“A dagger in the heat-oppressed brain.”

The patients are distributed into three divisions, each under the charge of a separate physician, who has nothing to say in regard to the treatment of the others. This distribution has no reference to distinction in the maladies of the patients. Each of these primary divisions is subdivided into three others with respect to their degree of tranquility. Among the notabilities is an Albino, said to be eighty years of age. He is exceedingly active, and a living proof that this peculiar people are not necessarily short-lived.

The curative efforts vary from those in all other lunatic establishments in the city. Every motive is used to induce the patient to employ himself on something of his own free will. Many are consequently engaged in regular labor; some making hats of straw, others fancy baskets, and the like. In connection with the institution is

a farm, where numbers are employed with distinguished advantage to the crops and their own health. There is an establishment upon it for the raising and fattening of swine, where every operation is performed by these invalids, in preparing them for the market, down to the moment of their quitting the yard, dressed and quartered. But this particular department I did not see. Some of the patients, whose health or tastes give them a preference for other employments, are provided with such as suit them.

Among the various means adopted for their improvement is the establishment of schools. The patients generally belong to the lower orders, which in France and through Europe indeed, are lamentably ignorant. Few know even how to read and write, which of course become the principal branches of instruction. There have been some, though none are here at present, who have prosecuted more advanced studies. The walls of the school room are embellished with pictures drawn with a pen, like those which decorate the writing academies, so numerous in every city in America, to which oil paintings and other ornaments are added. This treatment, I am told, succeeds beyond expectation; but I do not know what was expected.

One ward is appropriated to those, whose minds habitually brood over plans of murder and arson; some were pointed out, who had killed a mother and a sister, and one who had murdered two men in a diligence. The friend who accompanied me began to ogle the door. The guardian, however, re-assured him by stating, that no attempt ever was made on the safety of visitors, nor even of the medical attendant, in his diurnal round, for they regarded them as beings endued with superior power, whom it would be idle to attack. It was the guardian himself, who was the object of all their persecution and vengeance. But on glancing at his muscular frame, I felt quite at ease on



the score of his security. Yet notwithstanding his commanding presence, he frequently receives blows from their fists and wooden shoes. You must not suppose, however, that his strength is used in contending with his patients; it is, on the contrary, merely employed for their necessary restraint. In no lunatic asylum is a patient permitted to be struck.

There are not many objects of general interest connected with this establishment. A well of prodigious dimensions may, however be considered as one; said to be five hundred feet in depth, and fifteen feet in diameter. This statement seems extravagant; yet it is certainly immense, for the sound of water thrown into the awful abyss, requires a great length of time for its passage to the surface. It is worked by machinery, propelled by twenty-four insane men, and is but little used, as an aqueduct from the river now supplies the hospital with water.

#### ROYAL LUNATIC HOSPITAL—DR. FOVILLE.

Yesterday morning I heard a lecture on Insanity at *La Salpêtrière*, and this morning I went to the great Royal Lunatic Hospital at Charenton, about seven miles from Paris. By means of the omnibuses and early rising, I got there at nine A. M., and attended the visit of the physician, the celebrated Dr. Foville. This institution was founded in 1644 by the minister Sebastian Leblanc; subsequently converted to a boarding house by the Brothers of Charity, for the care of lunacy, and in 1797 changed again to a government establishment. It is most beautifully situated on the summit of an eminence, which commands an excellent prospect of the city, the Seine and the country around, now in the pride of its glory. The bank of the river, and a small island, which is a dependence of the hospital, are covered with trees of various descriptions, of which poplar, maple, and horse-chesnut are the most common and conspicuous.

The edifice itself, though but partially built, is a pattern

of the kind. Some years ago a bill passed the Chamber of Deputies appropriating one million of dollars to its construction. More than one half has been finished at a cost of six hundred thousand dollars, which completes the accommodations for males ; the females are still in the old building, soon destined to give place to one in correspondence with the male department. Dr. Foville, the physician, resides in the city, and makes four visits to the patients every week. There are a resident physician and apothecary beside, who have the charge in the meantime. Few men are better qualified than Dr. F., for the care of such an institution. An uncommon union of suitable qualities renders his superiority evident. In person he is of good size, and endowed with strong athletic powers. His countenance has a peculiar expression of gentleness, decision and reflection. Were we to notice his voice alone, so particularly sweet, soft and winning, we should be disposed to characterize him as a good-natured man, but deficient in firmness ; but when one remarks his treatment of the patients, and his general conduct, it is easy to recognize his possession of that resolute determination, so indispensable to his office. In no situation perhaps are the scrapes and *congés* of a Frenchman so productive of real good, as in the management of the insane ; the angry passions of the furious are calmed and softened by the deference which such manners habitually display. In going his rounds the doctor had some ten or twelve hundred bows to execute in the space of three hours. Thus polite to the patients, he certainly was not less so to myself and friend—Dr. Selden, of Norfolk, Virginia ;—and from this visit we bore away with us not only a knowledge of the construction of the building—erected after the plan of the distinguished Esquirol—the method of classification and treatment of the patients ; but many hints and ideas of value, which he communicated. As the feelings of patients might be sometimes injured by hearing observa-



tions made respecting them, he chiefly spoke in English, which he had at perfect command.

The patients are of three classes, who pay respectively thirteen hundred, nine hundred and seventy-five, and six hundred and fifty francs a year, including washing. Fuel, private servants, and incidentals swell that amount of course. The rooms, which those of the highest class occupy, are really very fine. They have a charming aspect, commanding the delightful view before alluded to, and are handsomely supplied with mirrors, clocks and other furniture. During the periods of exacerbation, no distinction is maintained in the classes; they are removed at once from their rooms to another department, where their noise would be heard only by those as furious as themselves. In the treatment of the patients, very little, if any, medicine is given; opiates and sedatives with extreme rarity. The cold douche is not an uncommon means of soothing the excited state into which they frequently relapse. The doctor in speaking of it expressed his opinion, that it was a remedy of great power, but—should be used with extraordinary care, and by no means so indiscriminately, as it is frequently done. Cold baths, and sponging the body with cold water, are often employed. As a means of confinement, the strait jacket is the principal. A treatment of kindness is now generally adopted throughout the world; rarely indeed do we hear at this day of murders or other outrages perpetrated by the insane. Take a sane person, plunge him in a dungeon, enveloped in filth and exposed to the inclemencies of the weather, load him with irons, throw him his victuals, as you would toss bones to a dog, and it would not be very marvelous if he should revenge his wrongs sometimes by deeds of violence as startling as any that have ever been committed by the crazy man. An instance of the powerful operation of kindness, on a disordered intellect is furnished in a young girl, not wanting grace or

beauty, who in another institution killed two of her fellow patients. She is calm and rational here, and needs only kind words and gentle management to render her, what she has become, an agreeable tenant of an apartment adorned in a style of costly luxury.

In this institution there is less apparent confinement, than in any similar one, that I have ever seen. The windows have none of those horrid looking iron bars, which characterise a prison. A grating of wire, nearly the size of a pipe stem, seemed designed more for the protection of the glass, than the security of a captive prisoner. The doors were open with few exceptions, and their clothes were in their rooms, so that they could take them, when they wished to promenade in the court below. Though one hundred and eighty persons were attached to the establishment having the care of the patients solely, without including the private servants, there was no symptom of surveillance. As a peculiarity in the practice of Dr. F., I noticed that he made no concealment of their malady, but conversed with them on the subject, as he would have done of any bodily disease. This I think much better, than the subterfuge and evasion so commonly resorted to for the concealment of the patient's complaint, which is sure, sooner or later to be discovered by him ; and information, thus obtained, is likely to be productive of much detriment to the patient.

As we went round the long galleries, Dr. Foville pointed out to us several persons, whose heads were of a very peculiar form, more or less perfectly approaching the pyramidal ; the face might represent the base, and the occiput the apex. Their foreheads were particularly flat and narrow. In reference to them he remarked, that this species of head was peculiar to a particular department of France, in the same manner as the flat-heads of the Indians are peculiar to one tribe. In this district more children die at an early age than in any other ; the di-



seases being principally convulsions and other maladies, which depend on the health of the brain. More insane come from this, than from any other quarter of the kingdom, in proportion to the population; and finally, more cases of idiocy, epilepsy, and the like, than elsewhere. What is the cause? Evidently the peculiar shape of the head, which pervades the people of that whole region, who all participate in this deformity, in a greater or less degree, without a single exception. So universal is it indeed, that some painters and sculptors, regarding it as the natural head of man, have drawn from this source their beau-ideal of beauty; and fixed upon the sloping shoulders of their Venuses and Apollos, heads gracefully rising in tapering pyramids.

An investigation of this extraordinary phenomenon has been made, and the cause discovered. The Flat-Head Indians are known to alter the form of their infants' heads by pressure on the skull, when its bones are in a more or less cartilaginous state, and not yet firmly united. From this fact it was suspected, that some such prank was practised on these children of France; and, sure enough, it has been found, that mothers and nurses have been employed for centuries in the wholesale business of driving mad, maiming, and murdering the children of a particular district. This enormity has been committed by putting a peculiar cap upon the heads of their tender offspring, and fastening it tightly there by means of a strong band; and this simple cord has killed its hundreds, and diseased an entire region! With the Flat-Head Indians the pressure is in another direction, and may affect the intellect, while the nutritive organs are unimpaired. Dr. Foville mentions an autopsy made on one of these countrywomen, who had the venous circulation so impeded, that a large plexus was formed, for the accommodation of which a deep cavity was sunk in one of the lobes of the brain. So that from the silly ambition of improving

the beautiful proportions of nature, men have succeeded in producing the valuable varieties of *pyramidal-heads*, *flat-heads*, and *block-heads*. In the meantime, the other sex have not been idle; but their abilities, it is well known, have been principally displayed, at least of late, at the other end of the human specimen.

The patients are resolved into three classes; the most turbulent, the comparatively quiet, and the convalescent. There are also rooms, where some in intermediate stages are temporarily placed on trial. One young man from the West India Islands, entirely nude, was bouncing about a room, whose floor was covered with straw. He was a recent inmate. In another was a man, who came from the country to bring a neighbor just attacked. He was returning homeward with his companion in a state of excessive excitability; but before he reached his house was seized himself in a similar way, and the same manacles, which he had put upon his friend, were fastened on himself.

Notwithstanding the excellent accommodations, which are here afforded; the healthy situation of the hospital; its real beauty, with the high reputation of its physician, I was informed, that few of the nobility or rich bourgeois were sent hither, but that private establishments were preferred, where high charges were thought to guaranty superior care and attention. For myself I must acknowledge, that I never saw in any similar institution so many advantages combined. Of the beauty of the situation I cannot say too much, though at the hazard of frequent repetition; it is indeed unrivalled, and with the sanguine aspirations of a life just commencing, I can say from my heart, that here I should be extremely happy to spend my days.

The accommodations are now sufficient for five hundred and fifty patients; the future buildings will in some degree enlarge them; beside, one wing, having been recently finished, is not yet occupied.



## BLACKWELL'S ISLAND LUNATIC ASYLUM.

An effort has recently been made by the Common Council of New York to improve this establishment, which, as most of our readers are aware, is situated a short distance from the city, and unfortunately we think, on the same island and in the immediate neighborhood of the Penitentiary.

The main building although but partially completed, is a large and imposing one, and for several years has been crowded with patients.

The first of January, 1846, there were 367 patients in the Asylum.

Admitted during the year	275
Discharged	145
Died	95

During the past nine months of the present year there have been about 300 admissions, 210 discharges, and about 100 deaths. Present number 375, most of whom are considered incurable.

Heretofore this Asylum has been under the general direction of the Resident Physician of the Bellevue Hospital, who, with the approbation of the Common Council, appointed an Assistant Physician to the Lunatic Asylum with a salary of \$500. This arrangement has recently been changed.

The Lunatic Asylum, the Children's Hospital, and the Penitentiary Hospital are now separated from Bellevue, and constitute a distinct department.

The regulations of the Common Council, so far as the Lunatic Asylum is concerned, are as follows :

“ There shall be appointed by the Common Council a regular practitioner of medicine and surgery, who shall be denominated “ The Resident Physician of the Lunatic Asylum,” who shall hold his office during the pleasure

of the Common Council. He shall reside permanently at the Lunatic Asylum on Blackwell's Island, in apartments to be designated by the Joint Committee on Charity and the Alms-House. He shall have the immediate care and charge of the treatment of the insane. He shall receive as compensation for his services, the sum of fifteen hundred dollars per annum and no other emoluments, perquisites, or fees of any kind whatever.

There shall be appointed by the Common Council four regular practitioners of medicine, skilled in the treatment of insanity, who shall be designated "Visiting Physicians to the Lunatic Asylum."

Their appointment shall be honorary, and their services gratuitous. They shall hold their situations during the pleasure of the Common Council.

It shall be the duty of one of the Visiting Physicians to visit the Asylum, at least twice in each week, and to see each patient under treatment, at least once a week; to consult with the Resident Physician, in all cases requiring consultation, and to advise with him as to the medical police, and such improved moral treatment, and other regulations, as the welfare of the patients, and the interests of the city may render beneficial or necessary.

It shall also be their duty to promote the advancement of medical science, by making public reports of all cases of unusual importance, and by communicating, in detail, as well as by exhibiting in practice to the profession, every information as to plans of treatment and modes of operation which are practised in the establishment. It shall be their duty to report all cases of neglect in the medical officers or nurses of the Hospital to the Medical Board."

Drs. James McDonald, Pliny Earle, Benjamin Ogden and Abraham V. Williams, have been appointed visiting physicians to the Lunatic Asylum.

We think it probable that some improvements will follow from these arrangements, but we apprehend they will



be small, unless the Asylum is totally separated from the Penitentiary, and a larger expenditure incurred for the treatment of the insane, than has hitherto been, and more than for patients in other hospitals; and the practice of employing prisoners for assistants and attendants at the Asylum be altogether abandoned.

There is no place where a good curative establishment for the insane is more required, even as a matter of economy, than in New York. Very soon, there will be one thousand insane persons to be supported by that city, and we think the Common Council will act wisely, by providing a good institution immediately. But they should keep in mind the admirable remarks of Dr. Bell, which cannot be too often repeated.

“There is no such thing as a just and proper curative or ameliorating treatment of the insane in cheaply constructed and cheaply managed institutions; the measure of expense of common paupers should never be regarded in providing for the insane. That a better class of almshouses may be carried on for receiving lunatics, and dignified with the name of Asylums or Hospitals, with some degree of apparent success, may be admitted; but to do the greatest amount of good to the insane, the mind of the tax-paying community must be trained to understand and admit the necessity of expensive arrangements, and that if it is worth while to have any institutions beyond these receptacles in which the most patients, or rather the most sufferers, can be crowded together at the least charge, it is worth while to establish such as will accomplish all of cure or relief which is practicable.”

A primary object of the Common Council should be to cure the insane and prevent their continuing a burden on the city. This will be true economy, but cannot be effected to the extent it ought, without incurring for a time considerable expense, and more than for the inmates of the other hospitals under their care.

We would respectfully suggest the abandonment of the present building, which is needed for other purposes, and the erection of an Asylum for the insane, remote from Blackwell's island, and all penitentiaries. It could be built on a less expensive, and better plan than the present Asylum, and be made to take rank with the best in the world. But we do not believe the present one can—its location must ever be an insuperable objection.

We hope to see a standing committee of the Common Council appointed to take charge of the Asylum, whose especial duties shall be, to visit it often and make themselves well acquainted with its management, and report, annually its condition.

They should select the Resident Physician, and with care, as on him very much will depend. He should be a man of well established reputation for skill in his profession, for intelligence, energy and integrity, and freedom from all political alliances, and to him should be delegated sufficient power to make the Asylum a good curative establishment, though he should be held strictly accountable for all his acts.

We do not think the aid of able and experienced visiting Physicians to a Lunatic Asylum on the plan proposed, can long be relied on. The appointment is altogether *honorary*, and not prospectively or indirectly valuable, as similar appointments to other hospitals are. Hence they will not, we apprehend, be willing to relinquish other duties and business for a sufficient time to enable them to superintend the Asylum to much extent. The really responsible officer will be, and should be, the Resident Physician. M. H. Ranney, M. D., has recently been appointed to this office.



## THE MANIAC.

A maniac!

Know ye the meaning of that word,  
Ye, who of health and reason ar't possess'd?

Can ye scan

The tumult raging in the inner man?  
Could'st thou draw aside the curtain  
That doth envelope his distracted soul,  
And see behind it, what he doth conceive is real,  
Then might'st thou see him scorched  
'Pon bars of iron, heated red by fire,  
Enkindled 'neath them. On every side  
Are those, whose office 'tis, (it so doth seem to him,)  
To see it is not quench'd. Should this delusion leave him,  
His poor distracted soul, will, by some new fear,  
Be tempest toss'd. Then will he fancy  
Every thing that he doth see or hear,  
And cannot comprehend, is but some method  
To destroy or harm him.  
Thou can'st not know nor feel,  
O! ye, whom God hath bless'd with reason,  
A title of what he suffers:  
For thus to know or feel,  
Thou must become, like him,

A maniac!

*Asylum, Utica, N. Y.*

J. M. B.

WANT OF SLEEP, THE REAL CAUSE OF SOUTHEY'S  
INSANITY AND DEATH.

I found the bard of the "Excursion" walking in his garden when I arrived at the Mount; and long and fervently did I admire the beauty of the scene from the lawn, before the window, and the calm philosophy and true love of nature that had led him to make choice of such a place, and kept himself in such happy and such long seclusion from the busy world. The view of Windermere from his door, was the finest I had yet seen; and at another part of his grounds, the view of Rydal water was combined with that of Windermere, forming, with Loughrigg in front, amid the encircling hills on every

side, a landscape of extreme beauty. \* \* In speaking of Southey, whose name is so intimately associated with his own, and whose friendship and society he enjoyed for so many years, he dwelt with much emphasis on the long continued and systematic economy of his time, by which he was enabled to vary his studies from history to politics, from politics to poetry, and do more work in each than would have sufficed to make the reputation of half a dozen, even of inferior attainments. At the period of his death, and indeed, long before, it was the general opinion that he had tasked his brain too severely by study ; that his intellect had become overclouded from excess of mental toil, and that he had labored "not wisely, but too well." Mr. Wordsworth, however, upon my putting the question to him, denied that such was the case. Though Southey's labors were almost superhuman, and were varied in a wonderful manner, they seemed, he said, rather to refresh and strengthen, than to weary and weaken his mind. He fell a victim, not to literary toil, but to his strong affection for his first wife, which led him night after night, when his labors of the day were ended, to watch with sleepless anxiety over her sick bed. The strongest mind, as he observed, will ultimately give way under the long-continued deprivation of the natural refreshment of the body. No brain can remain in permanent health that has been overtaken by nightly vigils, still more than by daily labor. When such vigils are accompanied by the perpetually-recurring pain of beholding the sufferings of a beloved object, and the as perpetually-recurring fear of losing it, they become doubly and trebly injurious ; and the labor that must be done, becomes no longer the joy and solace that it used to be. It is transformed from a pleasure into a pain, from a friend into an enemy, from a companion into a fearful monster, crying like the daughter of the horse-leech, "give ! give !" It is then that the fine and delicate machinery of the mind



is deranged. It is then that the "sweet bells are jangled and out of tune;" that the light is extinguished, and the glory under a cloud, that Eternity may lift, but not Time. Such, it appears, was the case with the amiable Southey; the grand, if not the great poet; the accomplished scholar, and the estimable man in every relation of life.—*The Scenery and Poetry of the English Lakes, by Charles Mackay.*

TRIAL OF TWO KEEPERS, AT AN ASYLUM IN ENGLAND,  
FOR THE ABUSE OF A PATIENT.

The London Times gives an account of the recent trial of two keepers at an Asylum called *Grove Hall*, at Bow, for ill-treating and causing the death of a pauper lunatic. The prosecution was instigated by the Commissioners of Lunacy.

The unhappy patient in one of his paroxysms of rage had assaulted an officer of the Asylum, who, not satisfied with putting a sufficient restraint upon the lunatic, resorted to cruel and vindictive punishment. The keeper who had been attacked called another to his aid, not for the purpose of preventing any further outrage from the poor maniac, of whom they were left in charge, but to get him down upon the bed, kneel upon his chest, and strike him with all their force upon the sides of his head, while the blood was running from his mouth, and he remained in an utterly helpless condition. Such is the horrible scene disclosed by the evidence upon the trial of the two perpetrators of this shameful outrage. The class of persons employed in this Asylum at Grove Hall, may be judged of when it is known that a third keeper saw the inhuman conduct of his two associates, and made no other observation than "drop it;" but did not interfere to prevent it; nor did he make any report of it to the medical officer or master of the establishment.

Keepers of Lunatic Asylums are entitled to protect

themselves from the attack of an insane patient, but extreme delicacy is required to discriminate between the force employed for self defence and the brutal power exercised for the purpose of malignant retaliation on a poor creature who is not responsible for his actions. In the case to which we have referred, there was no doubt that the latter course had been pursued, and the jury accordingly found both the keepers guilty, and they were adjudged to undergo respectively three months' and six months' imprisonment.

#### THE GOOD AND EVIL OF RELIGIOUS OBSERVANCES IN RELATION TO INSANITY.

“The institution of religious services in Asylums has created new and peculiar duties for the officers; and although I can readily conceive the apprehension with which the medical superintendents of some Asylums regard this subject, and know how unjust it generally would be to ascribe such apprehensions to indifference, I am quite satisfied, that with reasonable caution in the exercise of his peculiar duties, a chaplain may become a valuable officer in asylums for the insane. It is unfortunately true, that no cause of mania, melancholia, and imbecility is more common than a gloomy religion, which excludes the idea of God's mercy so carefully, and brings forward God's judgments so prominently, as to alarm, and depress, and enfeeble many enthusiastic and weak persons who are exposed to its doctrines. Among persons of education, and particularly among women, I believe that nearly one half of the cases of derangement of mind arise from this perversion of religion alone. Exciting meetings, enthusiastic exhortations, false reports of wild missions, foolish biographies of sickly and delirious children, incoherent tracts, and books of unfruitful controversy, constitute all the intellectual exercises of these sincere



and misguided persons. All elegant literature, and almost all science is kept from them, as demoralizing or tending to unbelief. All cheerful avenues of thought are forbidden to them. A restless, meddling, dictatorial spirit, much opposed to real charity, assumes the guise and name of benevolence and religious zeal. By degrees, the mind—so ill-exercised, so ill-governed, so excited—becomes weakened, and then the mask falls to the ground. Spiritual and worldly pride, idle prophesyings, convictions of eternal wrath, fierce denunciations of neighbours, or parents, or children, or relatives, and too often despair and attempts at self-destruction, declare that madness has supervened. Knowing all this, by daily observation, I feel as strongly as any physician can do, the danger of misapplying religious attentions; but I still believe that many insane persons are capable of deriving much satisfaction from being permitted to attend the services of their church; and that a good and prudent clergyman may become a useful auxiliary to a physician, by correcting fanatical delusions, moderating spiritual conceit, vindicating God from the unjust views of his creatures, and reviving every hope that is permitted to the imperfect and the penitent.”—*Conolly*.

BUTLER HOSPITAL FOR THE INSANE, Providence, R. I., was opened for the admission of patients on the 1st of December last, and already a large number have been received.

The building is constructed on an excellent plan, and all its arrangements are of the best kind. We anticipate for this institution great popularity and deserved success, under the direction of its skilful superintendent, Dr. Ray.

NEW JOURNAL OF INSANITY.—Dr. Forbes Winslow, of London, the well known author of several works relating to mental derangements, proposes to publish, “on the 1st of January, 1848, No. 1 of a Quarterly Review of In-

sanity and Medical Jurisprudence, entitled, "*The Journal of Psychological Medicine and Mental Pathology.*" Price, 3s. 6d.

We think such a Journal much needed in England, and are surprised one has not been established before this. We welcome it as a fellow laborer, and wish it great success and long continued usefulness.

QUERIES, &c.—1st. Are there not some articles of the *Materia Medica* that will increase or diminish the activity of each mental faculty? Has this subject, and the influence of various kinds of diet upon the mind, been studied all that they ought to be?

2d. May not some cases of dementia and other forms of insanity, generally deemed incurable, be restored by pursuing the course of treatment adopted by Seguin and others, in the cure of idiocy,—by daily arousing into activity and exercising the various faculties of the mind?

3d. Have electricity and galvanism been tried all they should be, in the treatment of insanity?

4th. Have the passions and mental powers antagonistical to those that appear to be disordered in insanity, been sufficiently called into action, as a means of curing this disease?—for instance, fear to cure rage, anger to cure grief and melancholy,—and the study of the exact sciences to cure delusions of the imagination?

#### PERIODICAL MEDICAL LITERATURE.

THE MEDICO-CHIRURGICAL REVIEW and the BRITISH and FOREIGN MEDICAL REVIEW, are to be united from the 1st of January, 1848, and will be re-published by R. & G. S. Wood, 261 Pearl Street, N. Y., at \$3 per annum; and in addition, they agree to send gratuitously to those who take the Review, a Quarterly Retrospect of American Practical Medicine and Surgery.

We have taken the Medico-Chirurgical Journal and



the Foreign Review from the commencement of their publication, at *five dollars* a year each, and thought our money well expended. United, they must form a most valuable journal, which we advise every physician in the country to take in addition to one or more of the best American Medical Journals, not forgetting the Journal of Insanity, and thus, in a few years, obtain a valuable library by a small annual expenditure.

Money thus invested, has now become nearly indispensable to the success and advancement of a physician.

AMERICAN ANNALS OF THE DEAF AND DUMB, conducted by the Instructors of the American Asylum at Hartford, Ct. This is a quarterly journal, price one dollar a year. Already two numbers have appeared, containing articles by Rev. T. H. Gallaudet, Lewis Weld, Laurent Clerc, Luzerne Ray, and other well known persons engaged in instructing the deaf and dumb. It is a very interesting journal.

OBITUARY.—Died at Hartford, Ct., Nov. last, Dr. SILLAS FULLER, aged 73. Dr. F. ranked among the eminent physicians of the country. He was a distinguished surgeon in the army during the war of 1812, after which he was extensively engaged in the practice of his profession in the eastern part of Connecticut until 1833, when he was appointed the successor of Dr. Todd, as the Superintendent of the Retreat for the Insane at Hartford, which situation he held until 1839, when he resigned. He was also for several years President of the Connecticut Medical Society.

Dr. F. was a man of vigorous intellect and sound judgment, and will long be remembered by those who knew him, for the excellent qualities of his head and heart. We are much pleased to learn that a medical friend is preparing for publication a biographical memoir of Dr. Fuller.





PLAN  
of the  
PLEASURE GROUNDS AND FARM  
OF THE  
PENNSYLVANIA HOSPITAL FOR THE INSANE,  
AT  
Philadelphia.

LITH OF T. SINCLAIR, PHIL.

Scale 140 feet to an inch.



REFERENCES.

- 1 1 1 Hospital Buildings
- 2 Physician's Residence
- 3 Green House
- 4 4 4 Range of Hot beds
- 5 Seed House and Sheds
- 6 Gate Keepers Lodge
- 7 Entrance to Enclosure
- 8 Work Shop and Yard
- 9 Timpin Alley

- 10 Gentlemen's Private Yard
- 11 Ladies' " "
- 12 Flower border
- 13 Wash House
- 14 Pump Room
- 15 Pond supplying Pump
- 16 Springs
- 17 Pleasure Rail Road
- 18 Gardener's Residence

- 19 Farmer's Residence
- 20 Coach house and stables
- 21 Barn
- 22 Sheds
- 23 Pigery
- 24 Wagon Sheds and Yard
- 25 Spring House
- 26 Ice House
- 27 Lot belonging to Hospital
- 28 Cottage

- Summer Houses
- Wall 10 1/2 ft high surrounding 41 1/2 acres of Pleasure Ground
- Farm, 68 1/2 acres outside of enclosure
- Carriage Road
- Brick or Stone pavements
- Gravel or tan Walks
- Close Fence
- Palisade "

AMERICAN  
JOURNAL OF INSANITY,  
FOR APRIL, 1848.

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ARTICLE I.

*Fright a frequent cause of Insanity, and sometimes a cure.*

" Verum, ubi vehementi magis est commota metu mens,  
Consentire animam totam per membra videmus  
Sudores itaque et pallorem existere toto  
Corpore, et infringi linguam, vocemque aboriri;  
Caligare oculos, sonare aures, succidere artus :  
Denique concidere ex animi terrore videmus  
Sæpe homines."

LUCRETIVS.

The more common effects of fear upon the human system are well known. The action of the heart is diminished, paleness ensues, the pulse becomes small, weak or irregular, and the secretions are suppressed or deranged. When the fear is extreme, or of long continuance, then more dangerous effects arise, such as convulsions, epilepsy, insanity or death.

But when no immediate bad effects are observed from fright, we cannot feel confident that no injury has been done, as we have good reasons for believing that not un-



frequently great fear, lays the foundation for nervous affections that grievously afflict persons for life; predisposing them to alarming disease, such as epilepsy or mental derangement. So dangerous occasionally are the consequences of fright, that we believe a good service may be done to the community, by calling attention to the subject, and warning all persons, of the extreme hazard of frightening others, and especially children and youth, and the feeble and delicate.

Human passions and feelings are nearly the same in all ages and nations, hence we find the ancients were well acquainted with the dangerous effects of fear. Demetrius informs us, "that some persons have been so terrified, and alarmed by a sudden whirlwind, as to forget their past transactions: and that Artemidorus the grammarian, being terrified by the unexpected appearance of a crocodile, was so much disordered by the fright, that he even forgot all that he had learned." See a deplorable history of insanity from terror, terminating in suicide, in Boerhavi Relection. Academ. de Morbis Nervorum, tom. 11. Hoffman relates a case of insanity from terror, in a woman after lying-in; Vide *Hoffm. Consult et Respons. Med. cas.* 37. *Operum*, tom. IV. p. 64.

Plater relates the following case, in his *Obs. lib.* 1 p. 36. "Some young girls went one day a little out of town, to see a person who had been executed, and who was hung in chains. One of them threw several stones at the gibbet, and at last, struck the body with such violence as to make it move, at which the girl was so much terrified, that she imagined the dead person was alive, came down from the gibbet, and ran after her. She hastened home, and not being able to conquer the idea, fell into strong convulsions and died."

Similar instances have occurred in all ages and among all nations, even among the most cruel and barbarous.

Thus we find an instance related that occurred among the “*Thugs, or secret Murderers of India.*” It is so interesting that we will quote it from the testimony given by one of this *gang* of murderers who was admitted as king's evidence in 1831.

“*Feringea.*—About twelve years ago my cousin Aman Subahdar took out with us my cousin Kurhora, brother of Omrow, approver, a lad of fourteen, for the first time. He was mounted upon a pretty pony, and Hursooka, an adopted son of Aman's was appointed to take charge of the boy.

We fell in with five Sikhs, and when we set out before daylight in the morning, Hursooka who had been already on three expeditions, was ordered to take the bridle and keep the boy in the rear out of sight and hearing. The boy became alarmed, and impatient, got away from Hursooka and galloped up at the instant the signal for murder was given. He heard the screams of the men, and saw them all strangled. He was seized with a trembling, and fell from his pony; he became immediately delirious, was dreadfully alarmed at the sight of the turbans of the murdered men, and when any one touched or spoke to him, talked about the murders, and screamed exactly like a boy who talks in his sleep, and trembled violently if any one spoke to him or touched him.

We could not get him on; and after burying the bodies, Aman and I, and a few others, sat by him while the gang went on; we were very fond of him and tried all we could to tranquilize him, but he never recovered his senses, and before evening he died. I have seen many instances of feelings greatly shocked at the sight of the first murder, but never one so strong as this. Kurhora was a very fine boy, and Hursooka took his death much to heart, and turned Fukeer; he is now at some temple on the bank of the Nerbudda river.



Writers on Mental Diseases have narrated cases of insanity and idiocy produced by fear. Pinel says, that, "two young men, brothers, were carried off by the conscription, and, in the first action in which they were engaged, one of them was shot dead by the side of the other. The survivor was instantly struck with perfect idiocy. He was taken home to his father's house, where another brother was so affected by the sight of him, that he was seized in the same manner; and in this state of perfect idiocy, they were both received into the Bicetre. I have formerly referred to various examples of this condition supervening on bodily disease. In some of them the affection was permanent; in others it was entirely recovered from."

Ellis in his Treatise on insanity has given the two following cases.

"A melancholy instance of the sudden effect of terror happened a few years ago in the north of England. A lady had gone out to pay an evening visit, at which she was expected to stay late. The servants took advantage of the absence of the family to have a party at the house. The nurse-maid, in order to have enjoyment without being disturbed by a little girl who was entrusted to her care, and who would not remain in bed by herself, determined upon frightening her into being quiet. For this purpose she dressed up a figure, and placed it at the foot of the bed, and told the child if she moved or cried it would get her. In the course of the evening the mother's mind became so forcibly impressed that something was wrong at home, that she could not remain without going to ascertain if anything extraordinary had occurred. She found all the servants dancing and in great glee; and on inquiring for her child, was told that she was in bed. She ran up stairs and found the figure at the foot of the bed, where it was placed by the servant, and her child with its eyes

intently fixed upon it, but, to her inexpressible horror, quite dead."

"A case occurred within my own observation, where insanity was the immediate consequence of fright. A woman was walking through the market of a town in Yorkshire with her husband, and seeing a crowd, she went to learn the occasion of it, when a large dancing bear, which a man was showing the public, suddenly turned around and fixed his fore-paws upon her shoulders. She became dreadfully alarmed. She was got home as soon as possible, but the excitement was so great, that she could not sleep, nor could anything persuade her but that the bear was every moment going to devour her. At the time I first saw her which was some months after the occurrence, she was in the most pitiable state of distress, obstinately refusing all food, which she thought was only given to her to fatten her, for the bear. She got no sleep, and was in great terror from hearing the noise of the *steam engine*, which was near the ward in which she was placed. She was removed into another, out of the sound, as she imagined of the grumbling of the bear, and she afterwards slept better. She was kept alive for nine months by food being forced into the stomach, but never without having to overcome all the resistance she could possibly make. In the end she became consumptive and died."

He adds, "In these, and similar cases, the immediate effect of the sudden shock upon the nervous system is to diminish the action of the heart; and where death is the result, this action entirely ceases. When the shock is not so violent as to cause an entire stoppage, the heart gradually resumes its functions; but the circumstances which caused the shock continue vividly impressed upon the mind, and produce excessive action in the brain; and we find in these cases, after the first effect



has subsided, the same watchfulness and excessive sanguiferous action in the brain, which accompany insanity when it arises from any other moral cause. The manner in which idiocy is brought on, is of more difficult explanation. It is probable that in these cases the brain sustains, from the sudden retreat of the blood, some physical injury, which is never afterwards recovered; but after all our surmises, we must acknowledge our ignorance of the precise mode in which the senses act, so as to produce such powerful effects."

The following cases are but a part of those that have fallen under our own observation.

1st. R. D. A. young lady aged 20 years was admitted to the State Lunatic Asylum at Utica, February, 1846, having been more or less deranged for four years. Her insanity was caused as follows: Her father who was a violent and intemperate man, quarreled with another, and threatened to shoot him, and at the same instant a gun was fired. His daughter, then 16, became immediately senseless, and though she soon recovered from this state, her mind ever after remained affected. When she came to the Asylum, she was in a partially cataleptic state, did not move or speak, and remained in this condition about one year, when symptoms of consumption came on, and her mind was partially restored. She spoke a little, but exhibited no more mind than a child four years of age. The disease of the lungs increased, and she died in April 1847.

2nd. A. S., a single woman, aged 22, admitted to the Asylum, March 1847. Had been deranged six weeks. Supposed cause, fright—from some one firing a gun into the house while she was left alone, and as she supposed to shoot her. She was very melancholy, taciturn and slept poorly, and eat but little after she came, but nothing seemed to dispel her settled melancholy and timidity.

In June her bodily health began to fail, cough supervened and she died of consumption, in the month of August following her admission.

3rd. A. E. A married lady, admitted to this Asylum, August 1846, aged 52, having been deranged several months. Supposed cause, being told (erroneously however) by a physician in whom she had great confidence, that a sore she had was a cancer. She became much alarmed and agitated, and disposed to talk constantly about the supposed cancer. Soon she neglected all business, slept but little, and her appetite failed. After this, religious despondency occurred, and when she came to the Asylum, she was in a state of religious despair. She refused all nourishment, and was fed by means of the stomach tube, but diarrhea ensued and she became quite feeble and died in two weeks after admission, with symptoms of effusion upon the brain.

4th. E. T. A married woman, aged 27, admitted to the Asylum, August 1845, having been deranged four months. Supposed cause, *fright* from lightning that struck very near her. She was soon noticed to be mentally deranged and disposed to kill herself. When she came to the Asylum she wept much, and opposed all means for her relief or comfort, but soon by the use of the warm bath, tonics, and narcotics, she began to improve, and at the end of six months was considered about well, and left the Asylum to take charge of her family. We were some fearful that she was not entirely restored, but have heard nothing from her since.

5th. A widow-lady aged 38, admitted to the Asylum, January 1845. She had been disordered in mind for fifteen years, or ever since the day subsequent to her marriage, when she was accidentally thrown into a river and came near being drowned. She is variable in her feelings and conduct. Sometimes quiet and peaceful,



but at others violent and dangerous. She sleeps poorly, and is we apprehend incurable.

6th. S. S. A young man, admitted to the Asylum, April 1843, aged 17, having been deranged eight months, in consequence, it is supposed of a fright, which occurred as follows: He was one of a party of lads who undertook to *hoot*, or *horn* and disturb a wedding party. Further, he was threatened with immediate arrest and prosecution, which so alarmed him, that he at once became deranged. He improved soon after he came to the Asylum, and in about two months, left apparently well, but on returning home he soon relapsed, and has ever since remained deranged and is probably incurable.

7th. S. T. A young man aged 20, admitted to the Asylum, October 1846, having been deranged a year and a half, in consequence of extreme fear, caused by being called into court to testify against some persons whom he had seen break into a store. Vengeance was threatened if he testified against them, and one witness in the same court, had been arrested for perjury. All this caused him to be greatly alarmed as he was naturally timid, and in a short time he became deranged in mind, could not sleep, and was in constant terror, for fear of being carried off to prison.

His friends journeyed with him and tried in various ways to dispel his alarm, but nothing proved of any avail and we fear he is incurable. He is now quiet, but not disposed to do or say anything, and will remain seated all day if left to himself.

8th. D. R., aged 16, has recently been admitted into the Asylum, having been deranged but a few weeks, in consequence it is believed of fright. A person dressed in *grave clothes* like a corpse, ran after this lad and other boys to frighten them in the evening. The next day he was noticed to be deranged in mind and some feverish,

and has remained very dull, rarely speaking, and taking no interest in whatever is going on around him. He has however improved some and we indulge strong hopes of his recovery.

In concluding this part of our subject, we add, that our experience leads us to believe that insanity from fright, *is very frequently incurable*, though we know it is not uniformly so.

We mentioned in the title given to this article, that fright sometimes *cured* insanity. Dr. Rush says, "I once advised gentle exercise upon horse-back, in the case of a lady in Virginia who was deranged. In one of her excursions from home, her horse ran away with her. He was stopped after awhile by a gate. The lady dismounted, and when her attendants came up to her, they found her, to their great surprise and joy, perfectly restored to her reason; nor has she had since, the least sign of a return of her disease. A fall down a steep ridge, cured a maniac of twenty years continuance. Dr. U. Smith of Georgia, informed me, that a madman had been suddenly cured in Virginia, by the breaking of a rope, by which he had been let down into a well that was employed as a substitute for a bathing-tub. He was nearly drowned before he was taken out. The cures in all these cases, were effected by the new actions induced in the brain, by the powerful stimulant that has been mentioned. In the use of it, great care will be necessary to suit its force to the existing state of the system."

In the Medico-Chirurgical Review for October 1837, is a case quoted from a Prussian Journal, of confirmed insanity cured by sudden fright. It is as follows :

"A man between 30 and 40 years of age, had been from the year 1827 to 1831 affected with an extreme degree of insanity, amounting almost to idiocy, and alternating with periodic fits of raving madness. His condi-



tion bordered on bestiality and none dared to approach him in his maniacal paroxysms. His case was deemed quite hopeless and for the following two years he vegetated, so to speak, in the public lunatic house of the place. A fire having accidentally broke out near his cell, his mental powers, which had so long slumbered, suddenly were aroused; and Dr. Ollenroth, upon visiting him a few days afterwards, found him intelligent, and assiduously occupied with some domestic arrangements. He had no recollection of his former condition. All that he remembered was simply that, on the approach of the flames, he felt himself seized with an indescribable sense of anxiety, that he sprung up from his bed, and that he suddenly regained his intelligence."

The following is an instance selected from the case book of this Institution.

S. D. S., a young man aged 25, became insane in 1844. The disease came on gradually without any obvious cause, but he finally became violent and it was determined to bring him to this Asylum. His friends set out with him and on the way stopped a short time at the *Falls of Niagara*, and took him to see them. He was greatly terrified and frightened at the sight of them and soon after appeared to have regained his reason. He was however brought to the Asylum and left, but not appearing to be insane he returned to his home in three weeks.

## ARTICLE II.

*Illustrations of Insanity furnished by the Letters and Writings  
of the Insane.*

1. N. Y. Was acquitted of the crime of Burglary on account of insanity, and sent to this Asylum. Many believed he was not insane when he committed the burglary as he appeared intelligent, had never been excited nor acted as if crazy. He probably would not have been acquitted but for the production in court of his Memorandum Book or Diary which he had kept for several years and in which, mixed with regular accounts of his expenditures it was repeatedly stated that, "he had a right to the whole world and all that was in it, and that he was acting in obedience to the commands of the Almighty, whose especial agent he considered himself to be." These delusions he supported by the most absurd quotations from the Bible.

He has been at the Asylum a year and a half, always pleasant, civil and calm, but insisting that he has committed no crime and maintaining the correctness of his views.

The following letter to the Governor will further explain his case.

*Utica Asylum, Oneida County.*

March 2, 1847.

DEAR SIR: I take the liberty to solicit your Excellency and the Managers of the Utica Asylum, that I may be liberated from the Asylum, and with due consideration I should think that my liberation rests chiefly at your option in conjunction with the Managers of said Asylum, and my liberation also rests at the option of Mr. —— and in conjunction with Mr. B—— who brought me here, and I never



have committed any act against the said persons except that which I had a perfect right to do, that the Scripture might be fulfilled according as I stated in the letter which I wrote to the Post Master General about a year ago, and it is the command of the Almighty God, to enable me to prove that the Scripture is fulfilled by me according as I stated in the said letter. And I was allowed by the authority of Almighty God to go into the store in the manner in which I did, that there might be a more competent proof that the Scripture is fulfilled by me, and I have never taken anything out of said store, yet still they continue to refuse to liberate me. You and the Managers of said Asylum would therefore do me a just and honorable favor by liberating me as soon as possible without any hesitation, and my business also requires my liberation as soon as possible.

\* \*

2. Mr.—aged 30, been deranged two years ; supposed cause, disappointment in business and loss of property. Is a very muscular, powerful man and at times when excited very violent and dangerous. Occasionally he is calm and to a good degree rational, but any conversation relating to his former condition is apt to excite him. Writing to his friends has the same effect as will be seen by the following letter.

Utica, 1847.

DEAR BROTHER AND FRIENDS ONE AND ALL.—I once more take an opportunity to inform you of my health which is good at present, hoping these few lines will find you enjoying the same blessing. I am now at work and shall return next spring, and I want you should tell Mother that I hope she is in good health and D— that I shall bring him a good present when I come out there, and I want him to learn his book and be a good boy, and remember to get his Sunday school lesson well, and when I come out there I will bring a whole lot of books, so that you may all re-

member well that time flieth swift away, and therefore improve each day. Tell aunt S— she need not try to get me to eat another huckleberry pie. I had rather die than undergo so much misery. I am a brisk and roving blade and on my breast wear the star called the honorable front of war. Great Britian can't handle me and I will down with the throne yet, and go on with my Oregon breaking line and the double dragoons of opposition, so that I can bring the ends together without any mistake. With this improvement and the ambition I have I can go ahead. A live sixpence is worth a slow shilling. The still sow drinks the swill. I am the child to fight and play on the banjo, and I will take the old serpent the devil and draw them down into the sea, and they shall drown in the waters.

\* \*

3. A well educated and accomplished lady, who became deranged it was supposed, in consequence of a fright while she was in feeble health, a few months after the birth of a child.

At first, very timid and wept very much, and applied to herself and against herself, every remark she heard and everything she read. She recovered by the use of tonics and morphine, in four months, and has now been entirely well several years. When deranged, she wrote to a near relative, as follows, which will serve as a good illustration of a peculiar and distressing form of bewildered mind.

*Asylum, Utica.*

You are not aware how unhappy I have been because I have not written to let you know how I have been employed. You know I should have written you soon after I first came here; it might have saved a great deal of trouble, and a good many lives, for I hardly know what I am chargeable with, there is so much talk of lives that have been lost since I have been here. I know there is



an immense sum of money been spent that might have been saved, and the loss of money and time now gone, I know not how to replace. It would a great deal better have gone to the Seamen's Society. It seems to me that Mr. — has lost a great deal through me. Mr. — must in some way, through the Telegraph I suppose, let them know. The loss in goods in the stores burnt is a great deal and has now accumulated to the amount of the war, and all the expense of the Navy Department, and they seem to think I must repair the loss of the time and the insurance since I have been here. They all seem to combine against me; every one shows something they have done, more than I, for the Bible cause, and it seems as if I was chargeable for the maintenance of the whole institution, and I know not what to do but cry and wish I was dead.—Oh! my God forgive me, for it seems there has been an insurrection at sea and that I am accountable, but I do not want to bring trouble on any one.

\* \*

4. Mrs. O. aged 47, admitted to the Asylum in 1846, having been deranged one year; supposed cause ill health and too hard work. When first attacked she was melancholy and disposed to suicide, and remained in this condition about a year, when she became excited and at times violent. When she came to the Asylum she was in good spirits and very active, talking constantly and easily irritated and excited. At night she was noisy and disposed to destroy her bedding and whatever else she could. She continued much in this state for three months, when she became less violent and destructive but very abusive and vulgar. Soon after this she appeared more calm—and disposed to melancholy, her bodily health failed, she had some fever and lost flesh rapidly, and for a while we almost despaired of her recovery. By the use of calomel and opium in small doses for a short time, followed by bark

and wine, she grew better and as her bodily health improved her mind also improved, and she left the Asylum well, eight months after her admission, and has ever since enjoyed good health of body and mind. The following is one of her letters written soon after she came to the Asylum, and when in an excited state.

“Monday morning in Utica it is said, perhaps the month *A. B.* or *Nisan*, year of course after the fire. My dearest children how do you do? In order to appear familiar I come every night and see you. Last Thursday night I came and saw A. very lame; on Friday the scale turned and he was better; the rest of you appeared as well as usual. To attempt a review of what I have seen, on one sheet of paper would be folly, or to attempt anything like an essay would be folly. My journey was very pleasant, saw many resembling former friends. I sung much of the way, eat nuts, saw many familiar faces—sung with delight songs of Zion. We took a carriage and came here and rung a bell and were admitted by Dr. Brigham, passed the compliment, he being the first person I had shook hands with. I was introduced to Mrs. — She took my bonnet and cloak and we seated in the hall, which was then occupied by many. I was much distressed with sympathies for them, and I endeavored to cheer them with hopes of recovery, which seemed to make them worse. I tried singing to them, they liked it much some of them, while others were I supposed displeased. You would be surprised to see the great variety of evil spirits which steal their reasons and control their minds. What I can do for them, God only knows.”

5. S. T. N.—A single man, farmer, aged 26, came to the Asylum Dec. 1845, having been deranged since the June previous. Cause doubtful. His mother was insane and he had been much perplexed about property. Has been considered a very worthy and religious man.



When first admitted to the Asylum he was active and cheerful and at times much excited, stating that he had a call to preach and to enlighten the world upon religion. He soon became more calm and in a few weeks melancholy, accusing himself of being a great sinner, and finally sunk into a state of religious despair. His bodily health seemed feeble, his pulse was slow and his feet and hands cold, and he refused to speak, walk or exert himself in any way. He however continued to eat sufficiently by being fed, and he slept well.

Nearly in this condition he remained about one year, speechless, though his lips moved like those of an exhausted and distressed man imploring aid. His eyes had a fixed look sometimes as if gazing on some terrific object, at others it was more calm as if in deep contemplation. Various plans were resorted to for his relief, but nothing seemed of any avail. He however began to revive and to help himself in the Autumn of 1847, and the last of September became quite sociable and active and to a good degree rational and apparently happy, and has thus continued until the present time. Soon after his amendment, we questioned him respecting his mental condition during the long interval in which he did not speak, and he wrote to us as follows :

*Utica Asylum, Sept. 1847.*

MR. DOCTOR BRIGHAM:

MY DEAR FRIEND AND PHYSICIAN: My prayer is that God would spread his covering wings of love around us until our wanderings cease, and at our Father's lovely abode our souls arrive in peace. A few lines to inform you my friend what my poor soul lived upon during the long dreary period of time that it refused to converse with you from January 1846 to August 1847. In the first place it contemplated a long confinement in the State prison. Secondly. The awful punishment of being bound with

a chain of God's wrath and cast from His presence and from the glory of His power forever and forever. Thirdly, it consigned my poor body to be bound with a chain and cast into the burning flames of Mount Ætna, there to remain until the trumpet should sound, Arise ye dead and come to judgment, and then to be turned into hell forever more. My soul got no relief from these fearful apprehensions until my body was removed from this floor to the lower floor of the Asylum. A linen shirt was presented to me which brought to my mind the pure clean and white linen that we read of in the book of Revelation which represents the righteousness of saints. My mind was not long upon that subject but contemplated the beauties of persons dressed in linen that was pure, clean and white.

After that time to the twenty-fourth of the last month my mind was occupied by meditating upon the works of this lower world, both of God and man without any hope of a recovery from the miserable state my mind was in. Almost all the actions of my early days and my dealings with my fellow men to the twenty-seventh of June eighteen hundred and forty-five were taken up by mind and considered until it came to the conclusion by the assistance of God's Holy Spirit that the actions and dealings of myself with my fellow beings were in accordance with honesty, uprightness, decency and religion, previous to June 27, 1846. When my mind came to that conclusion these words were sounded in my hearing: "Jesus reigns and Heaven rejoices!" My dear friend, for me to describe fully to you the miserable state that my mind was in from the first of January, 1845, to the time that those words, mentioned above, were sounded in my hearing, August 1847, is impossible. In answer to that question, "what is the state of my religious feelings at present?" I am happy to inform you they are settled. Blessed Jubilee! Glorious morning dawn!



6. T. C. L., a single man, aged 21, who had worked some on a farm and taught school, and partially learned the printer's trade, admitted to the Asylum, June 1847, having been deranged four months. Supposed cause, a severe fit of sickness affecting the brain, which his physician thought to be 'softening of the brain.' His maternal grand-mother was insane, but no other relative. During his illness he was salivated and much reduced, blistered, &c.

When he came to the Asylum, he was very weak in body and demented in mind, unable to sit up and had to be fed. By the use of warm baths and tonics, his bodily health soon began to revive and in the fall he was able to walk about and help himself, and appeared pleasant and cheerful, but his mind seemed gone, and when spoken to, he would wriggle his body and laugh, but not speak. October,—has become more fleshy, and now converses and reads, is very observing and has a good memory. He continued to improve in some respects, and in the winter, asked for paper and wrote many compositions, mostly in verse, and exhibited considerable skill in sketching with a pencil. Still, with all this improvement, he has, even until the present time, an irresistible desire to tear his clothes, and if not carefully watched and guarded he will do so. He can assign no reason for this propensity, and when questioned about it, smiles and says he will not again. He commits to memory very readily, reads well, writes a good hand, and sketches accurately, yet his mind is in a very shattered state, as will be seen by a letter and some rhymes of his, which we subjoin as *Psychological curiosities*. *We indulge strong expectations of his complete recovery.*

*Utica, December, 1847.*

DEAR FATHER: I take this happy occasion to write to you, informing you of the pleasant times I have at the

Asylum. I am much gratified to learn that you have written a letter informing Dr. Brigham of the state of affairs down South. If I write contrary to the laws of good breeding, help, I pray. I take pleasure to think I am pleased in my letter,—however, through the merits of the Redeemer, I find opportunity and place for writing. I love to write in answer, for communication is fine, when we have liberty to convey news. I should like to be home now, where the fields are delightfully situated, plants springing above the ground, but more fair, where my sister on the plains sipping early flowers, noon-tide poses in the bowers, merrily she skips abroad to yonder elevation, no more she dances o'er the lea to where our fond hours were passed in silent loveliness. Take this ring, my loved one, you shall meet again where roses are plenitude, where flowers spring nigh, where gay delightful sunbeams streak the orient east. Rambling is vain. I love night shades fall, to hear by pleasant voice like the still notes of even, gently wakes mine ear thus causing hours to meet. Forget not fair lady I am in thy participations, and think of thee often as I write and wish to be with you. Never mind, time passes on the wing of joy, and will bring around when we shall live on the meads, singing pleasures as they like by rills ever running thereabouts. My health is exceeding good for the present, trusting to soon return home with rapture. I have everything preparatory to my launching the bark for a Home in the skies. I should be joyous to see you delighted in the station in which God has replaced you. I propound to you the earnest desires of the whole house. I find in my dear Saviour a joyful ensign of redemption. I am favored with every thing to my wish so far as I know, although my friends are far from me. I content myself with such articles as they place before me. I have wanted to rewrite before now since my welfare has preceded my look



out. I am fed with every attention in my power, taking nightly care that I remain healthy. Why have you not come after me before this? Why do you leave me here to suffer when I can be happy at F. C.? Let me tell you that I am every day expecting you after me. Do not fail in reading this letter with assurance, for a longer delay will perchance lose all. I wish your conveyance acceptable and immediately after me. But though Dr. Brigham gives every attention to my case, I would and possibly could stay at the Asylum awhile longer if I could be given paper and write often. Let me express passion dear maiden in token of friendship you may be astricted. O virtue, I am present beside you. I want to be home on the farm and drive the horses o'er the furrowed ground as I were wont to do. I hope you are all well in health and doing the work about the house in willingness. It is pleasant to cast the eye over the landscape, beholding the numerous sights and scenes which the summer yields. I wish you would come after me in a wagon ere the snow comes too deep so you cannot. I have a room of my own where I can sing tunes, delight myself variously, cast my eyes to the far spread fields, and lawns, discovering new plains, new beauties and new scenes. I have regular meals daily and plenty. Utica is a large city and presents every prospect. I feel an earnest wish to get home again, resuming my former loved recital. I am about closing my letter, thinking of the vast premeditations. I cannot tell all in this. I will try and write once more if time admits. I beg to have you come for me soon as possible.

Your ever affectionate son.

\* \*

## CANTO I.

*The Lovely Boy of Utica.*

'Twas when summer suns were bright,  
The eastern hills were clothed in light,  
The mountain's brow o'ershadow'd hung,  
High in the clouds the bells had rung;  
The morn was bright, more lovely still,  
That lovely boy a lovely hill.

'Twas in the west, a fairer clime,  
As now I write this gaudy rhyme,  
Benignly bright those lovely eyes  
Bending from the northern skies,  
Like briny seas on liquid wave,  
Or seamen there fast by the cave  
That wends them to the regions fair,  
In brawny limb and care-worn hair,  
In silken joy of many lov'd ones,  
Questions rising from the suns  
Of love delight. O ceasing chains,  
From off those legs uncrippled flames,  
Fast issuing to high mountain trees,  
Wafted o'er the numerous breeze,  
Along the pure and ceasing flow  
Of timely rills and earthen glow.  
Sweet be the fields beyond far shores,  
Niagara, where she downward pours  
Streams never from that rocky height,  
High and o'erfancying many a light,  
Springing from out the gushing lave,  
Where champions fight and oceans brave,  
Full many sands washed o'er the land,  
From pearly shore unbound his wand,  
In silver streaming round about,  
To dip the waving billows brink,  
To worlds on worlds unchanging link,  
Where floods impending rush to view,  
The storms that rise each morning new,  
To glad her heart, to cheer his way,  
To far unfetched and gladsome day.

## CANTO II.

'Tis many a scene commingled there,  
That brought those loving eyes from care,  
Immerged in seas of living fire,  
A tuneful harp, a willowed lyre,



Stands mounting there the august boy,  
Free from restraint, without alloy,  
From Inland seas and Oceans fraught,  
'To you these heaping heavens fought,  
Lifted the bar then sprightly up,  
He gave the word the bowl to sup.  
Soon as the morning had begun,  
He left his couch a joyous one,  
To see forever on the banks,  
By buildings color'd with the cranks,  
That raise the world and move the cars,  
O'er the bars and shining stars,  
Were twinkling on the heavenly plain,  
The showy clouds benighted strain,  
Left many a streak upon the sky,  
To fairer scenes we wishful die,  
May boys and girls immortal gods,  
Bring muses to the grassy sods,  
That bask among the streams of bliss.  
You lovely boy, no image this,  
More fairer are the streets my boy,  
Then let us live as wont to why.  
Boy thou ar't, and boy shall't be,  
Far as the east the mountains free.  
'The waters 'suage; he skips along,  
His mouth is yielding to the song,  
'That plays upon the seas of heaven,  
When then the clock tings for eleven,  
The gay delightful hours are come,  
The goddess-boy sounds city's drum.  
No noise is heard; the midnight cry,  
The Utica did almost fly,  
To the city in the sky.  
The Boy how neat, how beings send,  
From down the skies in actions blend,  
To see the girl once happy boy,  
A joy to all forever bright,  
Gifted with the charms of nature's night,  
The pleasant boy grew on in light.

As we have said, we expect the writer of the foregoing to get well, and as evidence that some of those whose minds are as much disordered do recover, we subjoin the following letter from a well educated young man, who had been deranged about three months when he wrote it,

and who entirely regained health of body and mind in six weeks after. His case for a time was very similar to the one we have just described.

MY DEAR SISTER: As the cedars of Lebanon have been walking through Edgeworth forest so long, you must have concluded that I have returned to the upper-world, but I am still in Purgatory for James K. Polk's sins, which, if they do not end in smoke, surely have as good a chance of beginning that way as the ideas began to shoot, for if T. had not left his trunk on the cart at the Depot, our shades would have been a deuced sight nearer to Land's End than Dr. Johnson said they would by the time the Yankees rebelled,—(ad interim) but I am now about between the porch and the altar, as Dr. — used often to express himself, under the droppings of the sanctuary, where I wish to forget old things for a time at least, and return to some better place than the last. I could have kicked plagiarism to the seventh seal.

Do you know what this same long taper roller is? well pop it off, if by their works ye shall know them. Pollock has as good a right to be a D. D. as that doctor we read of in Blackwood that sought so long for spoons and found them not, because they were all lead until they were new burnished in Holyrood palace very near the place where Polk traced his pedigree, a little too near the loins of William the Conqueror, for the pleasures of memory or sense either, for Thompson, Bryant, Africaner, Ainsworth or anybody else. I said I had been to the Poles and S. had been there, and let T. Y. be witness that it was something more than stars, it is one thing neither you nor I can comprehend till we compare notes, but there is the least pit in hell that you ever saw or ever will see, and a certain little white Devil just as ready now as ever to lend a helping hand to the cook to give her a lift over those bars. If you should ever be inclined



to try Nebuchadnezzar's hollow furnace, for he did not wash all my guilt away did he? No indeed for he silvered my head nicely, so as to make it shine afar off. But the end of these things is not yet—consult S. I should like to see H. Honor to whom honor is due—tribute to whom tribute—Give the Devil his due.

### ARTICLE III.

#### *Trial for Murder,—Mysterious Disclosures.*

The following trial produced intense excitement in several of the Southern Counties of the State of N. Y., and there are few things in history, more strange and mysterious than some of the occurrences here detailed.

The Report of the trial, we have no doubt, will interest our readers. The evidence is not given in the exact connection that it was before the Court, as owing to some witnesses being obliged to leave, and to some technical objections, they were called upon to testify in an order that did not so well connect the occurrences.—*Ed. Jour. Insanity.*

#### BROOME OYER AND TERMINER.

Binghamton, May 7th., 1846.

HON. HIRAM GRAY Presiding.

THE PEOPLE,  
vs.  
JOHN JOHNSON. }

Indicted for the murder of Betsey Bolt.

A. BIRDSALL, Dist. Atty., }  
A. C. COOK, } Counsel for  
Prosecution.

D. S. DICKINSON }  
JOHN A. COLLIER, } Counsel for  
Defence.

Jurors.—Charles Livermore, Wm. S. Newell, Samuel Pratt, Ephraim B. Pease, Isaiah E. Reed, Wightman

Williams, Homer P. Twitchell, Edward J. Boyd, Dennis Dyer, Caleb La Grange, Stephen B. Fairchild, and John H. Smith.

A. BIRDSALL, Esq., Dist. Atty., opened the cause on the part of the prosecution, and proceeded to the examination of witnesses.

JAMES BOLT, sworn. I reside in the town of Greene, came there first nine years ago last fall. I know John Johnson. When I first came to Greene, I moved into his house. I moved to Triangle three years ago this spring, in the fore part of April. I moved on to a farm of Johnson's. It is some ten or twelve miles from Greene. Nyrum Johnson, Frederick Burger, and Harvey Hammond, moved me and carried my goods. I went a-foot, and drove some cattle, hogs and sheep. My oldest boy and John Baxter went with me. My wife rode in a wagon with Johnson. Johnson came up that morning and said he was going over and she had better ride with him. My child about ten months old was with them. They started after the teams. They passed me about four miles from Greene village. There are different ways of going there—they went through what is called Triangle village. I started in the morning and got there just at night. I met two of the teams coming back—Hammond's and Nyrum Johnson's: met them about two miles this side of where I moved to: did not see Johnson the night I got there: no one there except my family.

*Question.* Did you discover any thing unusual in the appearance of your wife? Objected to by defendant's counsel on the ground that the prosecution must first prove an offence has been committed, the *corpus delicti*. Objection sustained, but as the question was subsequently allowed we give the answer here.

When I got to the house she was cast down and did not say much. She complained of her arms. I saw her



attempt to comb her hair, and raise her hands. I don't recollect of seeing them in that way before. Her appetite was not good, owing to a want of sleep. I called a physician the last of the week previous to the Sunday night when she went off. She had made a complaint to me before I called a physician of the cause of her illness. I had a conversation with Johnson in regard to improprieties with my wife. I told him that after they got over there, he caught her, threw her down upon the floor, and put the end of the buffalo skin in her mouth, and committed a rape upon her—that he told her if she ever told me of it, he would destroy her. Johnson told me that if I took him, he had money and lands, and I would stand no chance. Johnson went on and said that he had done wrong, and he wanted to settle it—if it was dollars and cents, name the sum; or if lands, he said that he would give in lands, and would settle it to my satisfaction. When he spoke of going to law, as detailed in my conversation, we were near Johnson's house, going towards Lewis Juliand's. James Rose came to my house, and the next day, on Friday, I went over to Greene. I saw Rose first, and soon after Johnson came in. Johnson asked me to go out, and he first said what was the fuss, or trouble? We went up the road, and it was then he offered the lands and money. On the canal bridge I told Johnson this matter could not be settled. Johnson was at my house two or three times after I moved over to Triangle.

I resided in Triangle about six weeks. There are three rooms in the house in which I lived, a bedroom, a buttry and a common room—it is a log house. There are two or three windows in the main room, one in the bedroom. There were no curtains in the main room. While I lived there my wife disappeared. It is two years ago the 12th of May, inst., in the night time. It

was Sunday night. She was deranged during the day and evening. I had been in the habit of locking the door before that. That night I looked for the key and could not find it; and went out to the shed and got a barrel two-thirds full of milk and rolled against it. I had no time-piece. There was a fire burning all night in the room. I and my wife slept in the main room where we lived. I had six children then, and they were all at home. The oldest is 15 or 16. She slept in the bedroom. I don't recollect which went to bed first, me and my wife, or my children. It was about 9 o'clock. I remained in bed about an hour. My wife got up and went to the door and moved the barrel: when I got to the door she had her hand on the door-post. I got her back and put the barrel against it again, and then put her back on the bed. She had her shoes on this time. She had two pair of shoes. After we had been to bed about an hour, she got up and went to the bed where the children were. She came out and got her pipe, and sat down by the fire and went to smoking. I lay on the bed looking at her, and went to sleep I suppose; and the first thing I heard was the slamming of the door. I got up and went to the door and found it opened wide enough for a person to go out. I have never seen or heard of her since. Both pair of shoes were remaining there after she had gone. Mrs. Bolt had on a dark colored dress. I went out of the door, after the slamming of the door, and went round by the well. I let down the bucket to see if she was in there. I then went round the north side of the house, round the garden and current bushes. After searching round them I started towards the woods. It was a dark night and the wind was blowing from the south. It was about 80 rods from the woods. I went in that direction because she wanted to go in that direction on Sunday. Her health at this time was poor. She had been out of health some



time, and had not eat anything of any consequence for a week or more. Her health had been declining for some five weeks. The first I discovered of her being unwell, was the morning after I got there. She had not much strength when she went off—she had more when crazy than when rational. She would start and run, on Sunday, when she wanted to go to the woods; and then stop and take breath. She would run three or four rods before she would stop. I caught her and brought her back.

The witness here gave an account of the great excitement of the neighborhood, and said four or five hundred men assembled and searched the woods, rivers, &c., and that he himself subsequently made several long journeys to places where a deranged woman had been seen rambling about, but he could learn nothing of his wife. A lengthy examination followed but nothing important was elicited.

MRS. ANN AUGUSTA BURDICK, sworn. I reside in Greene. I was 19 years old last December. I was married the 24th of last August. Amy Baxter is my mother. I know John Johnson. There are two rooms in the house where mother lived, and two outside doors to the house. I recollect going to the house and finding the doors fastened. I had been at the spring a washing about a mile from the house. I heard persons talking in the north room. They were the voices of Mr. Johnson and my mother. Heard Mr. Johnson ask my mother if she could get rid of Mrs. Johnson as well as he did of Mrs. Bolt. I went from there to the other room door, raised up the window, unfastened the door and went into the kitchen. They were on the bed. Mr. Johnson got up and came and took hold of my arms, and asked me if I had heard what he said. I told him I had. I went to go out of the door and my mother stood by it, and Johnson took hold of me. He asked me if I would tell of him. I told him I would

not. Nothing more was said at that time. My mother asked Mr. Johnson how he would get rid of Mrs. Johnson, and he said the same way that he did of Mrs. Bolt. He said that he could get a couple of men below Binghamton. I then went to the other room door. This conversation was when I was at the door. Johnson told me that if I told of what I heard, he would be the death of me. I believe he said so. I am pretty sure he said so. He made that declaration before he took hold of my arm, and before I told him I would not. About two or three weeks after this, I saw Mr. Johnson at my mother's house. My mother was absent—no one with me. The children were at Mr. Verril's. The first thing he said was, he asked if my mother had got home. I asked him what he wanted of her, if he wanted any sewing done. He said no—he wanted something of more importance. The next thing was, he saw Mr. Burdick coming, and told me to go into the other room. He then told me if I told Burdick he would be the death of both of us before he left the house. I went into the other room, and Burdick came in and staid a few moments and then went out. Johnson came in where I was, and led me into the kitchen. He took a rope and tied it round my hands, and tied me to the bed post. He took a bonnet and tied it over my eyes. He was gone a few minutes and came in again. He blinded me so that I could not see. He came in and unblinded my eyes, untied my hands, and tied me to the bed post. I could go to the fire-place. One end of the rope was round my waist and the other around the bed post. He brought in a bag, and laid it on the hearth. He then emptied the bag on the hearth—its contents were bones. He told me to put them on the fire: I told him I would not. He told me again and I fainted away. When I came to, the bones were burning. In a few moments he took them off and laid them on the hearth. He had two axes, and gave me



one of them. He told me to pound the bones, and I told him I could not. He told me again, and I told him I would not. He stood over me with the axe. I fainted away and he threw some water in my face and brought me to. He scraped up the bones and put them on the fire. He told me to get down on my knees, and I did so. He then asked me if I was going to tell of it. I told him I should. He said he had a good will to kill me. He asked me again if I was going to tell, and I told him I should. He said if I did, that he would serve me as he had Mrs. Bolt's bones. He again asked me and I told him I would not. He then untied me and went out. In the course of the conversation he said if he was taken up, he would have men that would take care of me. He did not say what men. I do not remember what was else. When he emptied the bones out, I did not notice what they were; but when he told me to put them on the fire, I noticed them. I noticed the head, and some of the other bones. I thought it looked like a person's head. I never saw the skeleton of a human being. I had formed the opinion before anything was said that the head was the head of a human being. I saw the nose, chin. When Johnson came to our house and enquired for my mother, I told him she had gone to Norwich. He exclaimed good Lord, what shall I do? When I returned from the spring, I found the curtains down. My mother returned the same week. I had then gone to Mr. Hammond's. I saw my mother, and she came over to Hammond's. My health was very poor. I had a conversation with my mother on Saturday—also on Monday. I and my husband were at her house a considerable part of the day.

MRS. BURDICK, cross-examined. I resided at home in Greene. My name was Baxter before I was married. I did not reside in Oxford. I was there on board a canal boat near Mr. Keet's grocery about a week. I was sick

at my brother's, and was taken to the canal boat. My mother and brother took me there to stay. I lived at my brother's, about four miles from Oxford. I and a Pixley girl lived there. Her brother's wife was there—and her brother's wife, I and Miss Pixley, my brother's wife, and my brother's wife's brother, lived there together—was there a week. Leach was a single man. I was not in the room over the grocery—I was not in the room adjoining. Mrs. Leach and her daughter were with me. No young man came to see me or keep company with me. When the brother left, we three staid there. I came away before they all left—left Mrs. Leach and the children there. I was married on Sunday—went to Smithville the same day and returned. I lived at Johnson's before I was married. When I returned home from Smithville, I went to Hammond's. My mother left on Wednesday to go to Norwich, and was gone four weeks. She went there on complaint of Mr. Johnson against her son. When I came back, I went to Hammond's; on the next day, to my mother's. Can't say for certain, where I was on the Sunday following my return from Smithville. Can't tell how long it was after I came back, before I moved to Hammond's. Had been at Mr. Hammond's nearly two days before my mother returned from Norwich. I left the children at home when I left. My husband was at Hammond's. This interview between my mother and Johnson was in the fall of '45—it was in August, the week before I was married. My health was not very good. I had been to the spring a washing. There were two beds in the house. I and my mother occupied separate rooms. Did not try to open the door—knew it was fastened because I saw it was fastened when I got into the kitchen. Had to open the door to get into my mother's room. She and Johnson were on the bed together—Johnson spoke first and asked me if I heard what he



said. The first thing said, was, Johnson asked her if she would have him if he could get rid of Mrs. Johnson, and she said she would. She asked him how he could get rid of her, and he said in the same way he did of Mrs. Bolt. The children went with me—they staid there, and did not come home to dinner. I got my dinner. I eat dinner alone in my mother's room. Had no dinner cooked. It was not very warm or very cold. It was in September. The table was set when Johnson came—had just set down. Burdick was at work about twenty rods off; I could not call him in very readily. He sometimes came in after dinner; did not stay but a few minutes. Johnson saw my husband first. He spoke first about going into the other room. He said if I told my husband he would be the death of both of us. Johnson made a fire himself. I think my hands were tied with our clothes-line. He tied me to the bed-post; made the fire after I was blinded—can't say whether he went out more than once or not; my eyes were blinded and I could not see. The bag was emptied on the hearth. I had never seen any human bones before. Can't describe the head. It was entirely separated from the rest. The top of it was gone. I should think some of the bones were as long as from the elbow to the end of the finger. They were not on the fire when I fainted, but they were on when I recovered. Can't tell how long they were on the fire. I first told about the burning of the bones by the prisoner to Esq. Gray, Dr. Purple and my husband, on my way home from Utica, at some tavern between Greene and Utica. I don't remember how I went to Utica except as I have since been told. I told Mr. Gray, Dr. Purple and my husband about seeing my mother and Mr. Johnson together, at the same time. I do not remember being sworn before Esq. Lewis on the road. Have staid part of the past winter at Whittenhall's, and part at the Chenango House,

in Greene. The bag was longer than two half sheets of paper, (which the counsel extended)—it was tied; saw him untie it. There was a shed some distance from the house—don't remember whether the window looking to the street was blinded—the door was shut. Noticed some pieces of bone on the hearth. Sat down to the table but did not eat much. Had some bread and milk and pie. Was crying when my husband came in. He asked me what was the matter. Told him I did not feel very well. Was crying about what Johnson told me. Could not say whether there were more than fifty pieces of bones or not. They were of different sizes. Did not notice whether any of them were jointed together or not. Johnson swept up the hearth. Could not tell whether there was any smoke from them; did not notice any smell. I stated in my deposition all that I recollected at that time. I did swear on my preliminary examination that I did not recollect whether it was in the fall or winter. The pounding of the bones was in September, fore part. I know it was in September because I was married about three weeks before. I recollect being sworn after I left Utica, and before I got to Greene.

*Direct, resumed.* The color of the bones before they were put on the fire, was purple; after they were taken off, they were white. The pounding of the bones was after I returned from Smithville. After I returned from mother's, I lay down on the bed in the room occupied by me, back of the milk-room, at Hammond's house. This was on Monday evening. I was alone—there was no light in the room. My husband had gone out into the kitchen, to dress his sore leg. After he had gone, some persons came into my room. There were two of them. One put one of his hands on my forehead—the other put his hands around my legs. The same hand that was placed on my forehead was slid down to my neck. I



have a small scar on my forehead. They tried to take me off from my bed. I took the hand on my throat and pushed it off. They let the bed and myself fall to the floor. I felt the sleeve of a woman's dress. After I got the hand from my throat, I hallooed, and Mr. Hammond's family came in. We found a cape on the floor—the cape belonged to my mother. The next day after dinner, I lay down on the bed in my room, and fell asleep. The next thing I knew, some persons placed a gag in my mouth, and blinded my eyes. They carried me out, and when they had carried me a short distance, they laid me down. There were two persons. When they laid me down they took out the gag, and put a phial to my mouth and told me to drink. I refused; and the one who stood at my head, struck me twice in my face. I raised my hand and knocked the phial away. They stopped my mouth again and dragged me to a fence and over it. One of them refused to help, but the other, as I suppose, dragged me along to another fence, and dragged me through it. They then dragged me along to the third fence, and dragged me over that. They took me along until they came to a hill, and dragged me down to a swamp. They then laid me down on a knoll by the side of a brook, and took the gag from my mouth. They then asked me if I knew them, and I told them I did not. They again asked me and I answered that I did not. One of them was tall and the other a short man. I asked them to let me go home—they said they would not. I asked them to write a line to Mr. Burdick. The short one took a pencil from his pocket and scribbled on a piece of paper. I asked them to lay it on a log close by. He took it and laid it down in a hole. They covered up the paper. I then asked them what they carried me off for, and they said they had been got to do it. The largest took a knife from his pocket and came towards me. I begged of them not to kill me.

The short one stepped between me and the tall one, and said he should not. He laid his knife down by the side of me, blinded my eyes again, and gagged my mouth. One of them said that he hoped Mr. Johnson would drive through the village so that they would not mistrust him. After that they rolled me into the brook near by, and went and got a log and put it on me. They went and got another, and put that on me. They stood then on the log and bore down on me—I can't say whether both stood on me or not. One spoke and said that they must hurry or they should be too late. After they went away, I turned over as well as I could. I tried to get the paper and I could not. My hands were tied all the time; they were tied before me. I don't remember as anything was said about suspecting any one else. One said that he had done enough for \$5,00. The other said he had, for he had not got his pay for carrying Mrs. Bolt off yet. I was dragged by the hands.

*Cross-examined.* I had hysterics when I lived in Smithville. Did not have them very often. Do not recollect saying when I came out of one of my fits, that I had been to Heaven and brought back a message to my brother. Don't recollect saying or swearing that the first thing I recollected was finding myself in the lot. Neither of those men said anything about Mr. Bolt, or about his stabbing his wife. I never was sworn before Esq. Lewis, as I know of. Have never said or sworn that one of them drew his hand across his throat, imitating the way that Bolt cut his wife's throat. Never swore that those men had on palm leaf hats as I remember. If I did so, it was not true, as I did not remember. They were in disguise, painted and represented with whiskers on—they were painted down into the neck. Never said or swore that the painting came down on to their breasts, as I know of. Never have said or sworn that either of these men said



that Bolt followed his wife round the corner of the house, and stabbed her. Have never said or sworn that they took her out into the lot. If I said so it was false. Have never said or sworn that the large man made a motion at the same time that the small one did, towards his throat, as I know of. Have never said or sworn that they said anything about Johnson's being at Binghamton as I know of. If I did, it was not true. Have never said or sworn that they said, when they put me into the water, they should come after me again. If I have, it is false. When they first put me in the water my face was down. I lay so some three or four minutes—could breathe a very little. Made an effort to turn over. Turned partly over and the log remained on me still. It lay on my back, and it still lay on me after I had turned over as far as I could. Cannot tell how long the string was with which my hands were tied. Could not see it. Can't tell whether one or both of them stood on me. Can't tell whether my hands were tied with palms up or palms down. Tried to reach the paper after I turned over, but could not. Don't know that I have said or sworn that I begged of Johnson to go out. If I did it was false.

*Direct.* The first recollection I had after I was put in the brook, was after I got into Utica.

LEWIS JULIAND, sworn. I reside in Greene, in the vicinity of Mr. Hammond's. On Tuesday, the 30th Sept., after dinner, Hammond called to me and said there had been some difficulty between Mrs. Burdick and her mother, and there had been an attempt to take her off. Hammond wanted to counsel with me with regard to the attempt to carry Mrs. B. off. I went to my farm. In about half an hour, H. came again, very much agitated, and said Mrs. Burdick was carried off. I went to the house with him, and found the window blind of the bed-room window taken off so as to hang by one hinge. I think

there was no casing above it—think it might be raised when closed. Think the window was raised half way—the lower sash was raised full length. Others came immediately, and we commenced searching. We went up and down the bank, saw no traces, and came back to the house. Hammond went to the village. When we got back, others had assembled there, and Johnson among the rest. Johnson said that he would go for her mother; he said Mrs. Baxter was at Nyrum Johnson's, and he would go after her. Four of us then started to search the swamp. Johnson said he would go up the road, and if he found her, he would fetch her home. We crossed the fields to the swamp. Lucius P. Darby, Van Ostrom, Thurber and myself, were together. Directly after we got into the swamp, Darby and Van O. called to Thurber and myself, and said that they had found the girl. Darby and Van O. asked me to untie her hands. Not discovering the knot, I cut the string. It was a common corset-lacer. She appeared nearly dead. They brought her in, and laid her on a bed in the kitchen on the floor. About nine o'clock she was taken up and carried into the bedroom and placed on a bed. In the evening she struggled some, and tried to vomit. The string was wound around her hands twice or three times, and tied tight. The string left a deep impression in the flesh. Voluntary action had entirely ceased. After I got to the house, they showed me a bandage they had taken from her eyes. I found the apron in the field next day. There is an abrupt descent in rear of Hammond's house towards the river. A person sixty paces in rear of the house, would be entirely out of sight, and would not be seen again in going to the swamp. Verril's house and my own would also be entirely out of sight. The high point would be near Mrs. Baxter's house. The first fence was partly down, and they might have gone over it or through



it. Some portion of the land was stony. There are some woods between the road and the swamp. Directly in front of Rathbun's house, there is a high point which might obstruct the view. The barns on Rathbun's land would also obstruct the view. The swamp is mostly covered with ash timber, and interspersed with underbrush. In passing down to the swamp, there is an opening in the hill. Mrs. Baxter was at Hammond's house when she was brought back. The hands were across each other with both palms up. I went to Mrs. Baxter's house. There was a chain and padlock on the door.

*Cross-examined.* The house was fastened. We tried to get into Mrs. Baxter's house, after Johnson said he would go for her. There are three houses besides Mr. Hammond's on this road, within one mile. There is also a tannery, unoccupied. The view on the west side of the river is obstructed by clusters of trees. Cannot get a whole view in going up the road, within a mile, at a time. The road is a travelled road. Don't recollect as there was any mud on the palms of her hands. There was a good deal of mud on her dress. Can't say as any mud was on the bandage, as I did not see it until it was taken off. A person could not breathe a great while with his face in the water. The water was three or four inches deep. A person could not get a view from the corners in Greene village. He might from some points in the village. The road on the east side of the river is not much travelled. I know where Hammond was at work that day. Think the front door of Hammond's house may be seen from where they were at work.

*Direct.* But a small portion of this way could be seen from any point in the village. Many of the blocks of buildings are joined together. The large blocks are on the corners. The most stores are on the north and east sides of the main streets, and there is no view from those stores.

LUCIUS P. DARBY, sworn. I reside in Greene, I was present at the search, and was one of the persons who found Mrs. Burdick. We entered the swamp together. Mr. Van Ostrom was with me. After we got in, we heard a noise like a person struggling to breath, or choaking. We listened and went towards the sound, and found Mrs. Burdick lying in a ditch. The ditch was two feet wide, and a foot or a foot and a half deep. She was lying on her back, nearly. Her hands were tied about the wrists—she had a gag in her mouth, a bandage tied over her eyes, and another over her mouth. There was a stick two feet or more in length, five or six inches in diameter one way and not quite so much the other, lying on her neck; and another stick six feet long and six inches in diameter, lying diagonally lengthwise across her breast. The lower end of the stick towards her feet, was run under another log that lay across the ditch, and it lay prying across her. The stick was so put upon the log that it could not be raised up without drawing it out. The end was a little crotched that lay under the log. One end of the log that lay across the ditch was imbedded in the earth. She had on no shoes. Van Ostrom took hold of her head, and I took hold of the stick and took it off from her. After the sticks were taken off, we took her out of the brook. We then removed the bandages from her eyes and mouth, and drew the gag from her mouth. The gag was firmly in her mouth. I had to pull two or three times to get it out. Immediately after we found her, we called to others and they came up—Mr. Juliand and Mr. Thurber. They helped take off the sticks and get the gag out of her mouth. We could not find the knot by which her hands were tied—Mr. Juliand cut it. The stick six feet long, was swamp-ash. I should think it was heavy, as heavy as though it had been green—it was a good lift. I had to stand astride of it to pull it out



and raise it off her. The other stick was a good deal lighter, but was water soaked. In proportion to its size it was as heavy as the other. There was some water in the brook but not enough to cover her face. The water was three or four inches deep, the mud and water. She had settled down in the muddy liquid, not over six inches, perhaps not as deep. The water came perhaps half way over her face, up to her ears. Did not notice whether her clothes were twisted, as though she had turned over. She was muddy—her dress was muddy all over. Her face was wet, and her clothes wet all over with muddy water. The front side of the bandages was wet and muddy, and her hands were wet and muddy. She was very senseless. I handled her in taking her up—her limbs were motionless. When the gag was removed, she made no noise but in gasping. There was blood on her mouth and upon the gag. Her eyes were partly open, and rolled back in her head. The gag was made of pieces of cloth rolled up, and resembled as much as anything, a goose egg, flattened. It was sewed together—perhaps not quite as large as a goose egg. The largest end was out of her mouth. The gag was afterwards taken to pieces. Two-thirds of it was in her mouth. As soon as we got her liberated, four of us took her up to Mr. Van Ostrom's house. There we found Mr. Johnson who took her in his buggy, and took her away. She was senseless to the last I saw of her there. We thought part of the time, that she was dead. We had to carry her one-fourth of a mile. I did not see her again until her examination at Binghamton. Her dress was torn in different places—it was torn at the waist, where it was gathered in.

*Cross-examined.* I was at the village when the alarm was given. Mr. Johnson was there and went with us. Mr. Hammond went to the post-office to give the alarm.

There did not appear to have been any struggling in the stream. [The stick, six feet long, was produced in court,] I should say that was the stick. The bandages were tied over her eyes, and the knot was at the back side of her head. Her breast and the upper part of her person were out of the water. Her hands were folded—her face was wet with muddy water. There was no mud about her mouth and nose. The bandages were over her mouth and nose—there was no mud on them, they were wet. The stick that was bedded in the bank was longer than the one produced. Her feet were under the stick. The upper end lay across her hands. When I went to take the stick off, I had to pull it out. I think she might have moved it one side, if she had strength enough—she might if she had had ordinary strength. The small stick lay across her neck. I think she lay nearly flat on her back.

*Direct.* Her head lay up stream. Both bandages were tied on the back-side of her head. The stick that lay across the stream, one end was firmly imbedded in the bank. There was a knoll on one side of the stream. We were somewhat excited, and I did not notice the exact position she lay in. The bandage over her eyes, was the cape to her dress. The gag was made of pieces of cloth, pieces of a shirt, the collar part and sleeve, folded together, and basted.

WILLIAM D. PURPLE, sworn. I reside in Greene, am a physician. Have practiced twenty-one years. I know Mrs. Burdick, and have since the 31st of last September. Mr. Hammond came for me to see her professionally. It was near sunset. Found her on a bed in the kitchen. There were a number attending her. She was cold and speechless, and remained so for quite a time, with occasionally severe spasms, choaking, &c., with a disposition to vomit. Her person was a good deal bruised. She



had marks of violence about her, which appeared as though impressed with fingers. She had bruises on her hands—also on her ankles. She remained in that condition until about ten o'clock at night. We used external and internal applications. The bruises might have been made by blows of the fist.

*Cross-examined.*—I went from Greene to Oxford with Mrs. Burdick, then left the boat and went by stage. Saw her again about three weeks after. When she went up she was deranged, but not when she returned. Saw her when she was sworn before Mr. Justice Lewis. Think she was not sane then, so as to remember what occurred. Think she was insane. Was not advised with as to having her examined. Thought at the time she was rational. Did not express any opinion as to her rationality. Think I saw her the next morning, when she was insane. She remained so during the three or four following days. This was before she went to Utica. During the several preceding days she appeared rational at times. I was present when she was sworn before Esq. Judson at Sherburne on the 15th Nov. She was sane then. Was here as a witness at the preliminary examination. I then attended Mrs. B., was present when she was examined, and regarded her sane. She was not sane during the whole of her stay here. The examination was going on when she left the stand, and the next morning, defendant's counsel wished to go on with her cross-examination, and the call was renewed from day to day, twice or more, until I left town. Think I was here three days after she left the stand, and when I went, I left her here. Her insanity was given as a reason why she did not again appear upon the stand.

*Direct, resumed.* Have had charge of her since the abduction in connexion with Dr. Willard, most of the time. The first return of consciousness was accompan-

ied with fears of being personally injured. At every approach to sanity she would scream in terror at the sight of a window, and say they were coming. In every attempt to soothe her, she would say she could not keep it from her mind—wished she could. Her state seemed half sleeping, half waking, she was very weak, and her nervous system the most excitable I ever saw. Her abduction, as she described it, would be sufficient to produce these consequences.

*Cross-examined.* The examination was taken at Mr. Hammond's in an upper room. I heard of it while it was going on. She has severe spasms, turns herself about, her teeth are set and she is bereft of reason and insane. I have seen her insensible for two or three days at a time—she was so for that length of time in Feb. last.

CELIA B. HAMMOND, sworn. I live in Greene, am the wife of H. B. Hammond; occupy a farm of Mr. Johnson's; am sister to Pulaski Burdick. After his marriage, Pulaski boarded with me and staid at Mrs. Baxter's at night. Mrs. Burdick was from home a short time soon after the marriage. Mrs. Baxter left the Tuesday after the marriage and returned the Wednesday before the abduction. When Mrs. Burdick returned, she staid at our house Sunday night, and went to her mother's on Monday, and came back again a week from the next day, the Tuesday before the abduction. Mrs. Baxter was at our house the same day she returned from Norwich. She wanted her daughter to go home with her. Think Mrs. Burdick was at her mother's on Saturday of that week. Mr. and Mrs. Burdick went over to Mrs. Baxters on Monday. Mrs. Burdick returned about two o'clock, and retired to her room soon after. She did not, to my knowledge leave it again till about eight o'clock P. M. There are three rooms in the upright part. She occupied



a bed-room at the end of the hall. Can go from it out doors through the milk-room. The window is on the rear of the house. The kitchen is in front, even with the upright part. There is a cellar under this part with an outer door opening in rear of the house. A person in the cellar could hear one walking above distinctly. On Monday evening, the 29th Sept., heard first a faint scream in Mrs. B's room—heard it three times, louder the last. Was in the kitchen. Mr. Hammond, my sister and Mr. Burdick went with a light. My sister came back, and I went in. Found Mrs. B. sitting on the bed which was on the floor near the door. She appeared to be much frightened, and we could not understand her at first. She soon said some one had tried to carry her off. We tried to soothe her. She described the manner of the attempt. She said a person came in and put his hand on her forehead, and she supposed it was her husband. Then he grasped her throat and put a hand under her shoulders, and another person took hold of her feet. They tried to take her from the bed. She caught hold of the bed clothes with one hand, and with her other hand loosened the grasp on her throat and made a noise. They dropped her and ran off. The outside door of the milk-room was open and the bed-room door. I saw Mrs. Baxter's cape that evening after the bed was made. My brother said he had found Mrs. Baxter's cape. I know it. It was torn in the back and front where it was pinned. I had not seen Mrs. Baxter that day. Saw Charles Baxter. He had been gone fifteen minutes. He wanted my brother to go with him to the village. On the afternoon of the next day, was in Mrs. Burdick's room, and saw her there twice and spoke with her. The window and door were fastened. She was on the bed. The window was raised a little. Last in at half past two. Heard a noise like rapping on wood, and a ringing sound like striking small

irons. I and my sister were in the kitchen. Looked out at the back kitchen door. Was fitting on my dress, and it was fifteen or twenty minutes before I went into Mrs. Burdick's room. Found outside and bed-room doors open, the window fastened open, I think with a piece of green casing, the curtain down and string broken, and one blind off the hinge at the bottom and the other open. I went out and called to the men who were at work on a stone wall. Her shoes stood where she put them. I was there when she was brought back. Saw Mrs. Baxter and Johnson before this. They asked me what it was about that cape, and said Mrs. B. wanted to see it. They were together. When Mrs. Burdick was brought back, her hair was dirty and dress torn. She did not wear corsets. Noticed bruises on her arms, neck, ankles and body, which were visible for several weeks. Did not see Mrs. Baxter make any search. Said she had seen her in a worse condition and rubbed her hand a little. Before Mrs. Burdick was found, Mrs. Baxter said she presumed she had gone off of her own accord.

*Cross-examined.* Had seen Mrs. B. in fits twice before the Monday night. Her teeth were set, eyes shut, limbs stationary, pulse regular—she could not talk. The first time, she had a succession of fits. She had fits after she came to our house. In the last of the previous week, I found her on the ground senseless, just at twilight. We had two dogs; the large one churns sometimes. We churn every day. He is usually there. There had been some difficulty about the things. The bed was off the bedstead. The dogs were round that evening. I put the bed back and did not see the cap; my brother gave it to me. On Tuesday afternoon the blinds were fastened. She had on a merino dress and gingham apron. We never fastened the milk-room door till Monday night. It was fastened with a stick. I was with Mrs. B. here, and



after she left the stand. The next morning she was deranged, next day sick and continued so. Have seen her in fits since. I think she had a fit a week ago yesterday. She has lain unconscious for three hours.

*Direct.* Mrs. B. said it was not the bed they wanted, but her. Never saw symptoms of derangement till her abduction.

PULASKI BURDICK, sworn. Am the husband of Ann A. Burdick. Saw her at her mother's in the south room, about a week previous to her abduction, and found her on the bed crying. Asked her what was the matter, and spent some time in trying to find out, but could only learn that she was unwell. I was cutting up corn about forty rods from the house. It was between 12 and 1 o'clock. Tried to get her home to go with me, but she said she did not feel able. I went back to my work. Was at Mrs. Baxter's on Monday before the abduction, from 10 A. M. to 3 P. M. Charles Baxter was there. Mrs. Baxter was excited and very angry. Saw Mrs. Baxter and Mr. Johnson together on Sunday afternoon in front of Mrs. Baxter's house. Mrs. Baxter's boys about that time went down the road past our house. The eldest one had an axe. The cape was found on the floor in front of the bed. I know it was Mrs. Baxter's, had seen her wear it, and saw her have it on that day at about 5 o'clock P. M., about three hours before my wife picked it up. I was the first that went into her room on that Monday night. Found her partly on the feather bed and nearly in the door of the bed-room. Was in her room till Charles Baxter left; then went into the kitchen; took the light with me—shut the milk-room door. When I went into her room again, found the milk-room door open, and the dog commenced barking. When we were at work on the wall, could not see the rear of the house.

*Cross-examined.* Became acquainted with my wife in

1845. The first fit I knew her to have was in June, and she had them in succession for three days. They were very severe. Did not discover marks on her limbs after these fits. The next time, was when reports were circulated that her brother had stolen money from Mr. Johnson. She had fits the same evening that the attempt was made to abduct her, about two hours before she was found on the floor. It was a severe one—she remained in it, twenty or twenty-five minutes. Have been awakened by her groaning. She groaned invariably when she went to sleep, and does so sometimes now. Has had fits since her return from Utica—should think three or four—one very severe one on the 2nd of Jan. last. Had several slight fits on her examination here last fall, and was deranged on the night following. She has been deranged several times since, the last time for about a week. Was deranged about a week ago. Had lucid intervals on her way to Utica, one of thirty-six hours, during which she told me of the conversation she had overheard between her mother and Johnson. Johnson came and urged Mr. Hammond to work on a fence for him on Monday and Tuesday. He came Sunday evening, the Sunday evening before the abduction. Hammond, Van Ostrom and myself worked on the fence. Several articles were brought over from Mrs. Baxter's to Mr. Hammond's—the bed and bedding on Friday; some articles on Saturday. Mrs. Baxter had two capes, one a blue one with copperas sprigs. This was the one found after the attempt to abduct my wife on Monday night. Cannot describe the other minutely—it was nearly the same color. Saw Mrs. Baxter on Monday—she had the cape on then—my wife wore an apron off the same piece.

*Direct.* My wife was not deranged when she had those fits. Never saw any marks made by her at those times. The reason why I noticed Mrs. Baxter's cape was, that



there was a good deal of dispute about the clothes belonging to her and my wife.

*By a Juror.* Never heard her say that she would destroy herself or run away.

*Cross-examined.* Heard her say she would kill herself, if it was not wicked. This was on the day Johnson burnt the bones.

LUCY RICE, sworn. Lived at the time of Mrs. Burdick's abduction, on a farm of Nyrum Johnson's near Hammond's, and in full view of the brow of the hill on Rathbun's farm. N. Johnson went up from the swamp to work that afternoon. Saw persons that afternoon go down the hill to the swamp, two or three men or boys running. It was two hours after dinner. They appeared to be at play and had hold of each other.

*Cross-examined.* Could not tell how many—there were three, and a man back of them.

LUCY ANN RICE, sworn. Saw the persons spoken of by her mother. There were two or three of them, and one behind.

DANIEL P. FITCH, sworn. I occupied Rathbun's farm on the 30th Sept., '45. Was at work on the east corner of the farm that day. My son and another boy were with me. Went to work after dinner about a quarter past one. Did not go over the brow of the hill spoken of. I went over the ground from Hammond's to the swamp, the next morning. Found a place in the fence where the top rails had been raised—the third fence. Went to find traces. The side hill was grown over with weeds. They were pressed down as though something had been drawn over them. From the edge of the swamp there was a trail to where they found her. Van Ostrom was with me part of the time. We brought out the stick here in court, which was then water-soaked, and another.

*Cross-examined.* Mrs. Rice could not see where we were at work.

DANIEL VAN OSTROM, sworn. Lived in Greene Sept. '45, about half a mile from Hammond's. Was one of those who found Mrs. Burdick. Her clothes were wrapped round her feet, which were placed under a log. In the forenoon was drawing poles—in the afternoon, at work on the fence. Had previously been at work where the swamp was in view. When I went to the swamp Johnson said he knew I would find her; and so he went along with his wagon.

DR. PURPLE, recalled. Was called on by Mr. Bolt to visit his wife after he removed to Triangle. Found her weak and feeble, and was unable to discover any physical cause of her illness. She was agitated and disturbed, exhibited much anxiety, pulse weak and rather quick, nerves weak and irritable. Said she had no appetite and could not sleep. Said she had been so some three weeks, and was growing worse, and could hardly sit up. I questioned her as to the cause of her illness. I asked if there were any reasons beyond my view. Think fear and apprehension of personal injury, in a female, would produce her state. Prescribed for her—gave her cathartics and anodynes. Conversed with her an hour or two. Never saw her again. Her state, if not relieved, was sufficient to produce insanity. Saw Mr. Bolt the Sunday before his wife disappeared, at Mr. Johnson's house in Greene, and again on the canal bridge near Cushman's. He went west, passed me, and spoke with me. Mr. Johnson asked me why I had reported the stories about the Bolt matter. I told him I had spread nothing new. He said he had always been my friend, and I ought not to spread such stories. He advised me to keep my peace.

Monday, May 11.

LOUISA BOLT, sworn. Am a daughter of James Bolt.



Rode to Triangle on a load of goods with Nyrum Johnson. Mr. Johnson and mother passed us on the road; J. had a buffalo skin in his wagon. There was no one at the house when we got there, except mother and my little brother who rode with her. Johnson was not there—his horse and wagon were there, and he came in afterwards. My father lived there six weeks. Mr. J. was there three or four times. Once I heard a conversation between him and mother—it was the second time he was there after we moved. I was in the bed-room and mother in the kitchen. He came to the door and asked where father was. She told him; and he then asked if she had told Bolt anything. She said she had not, but should. He said if she did, he would surely destroy her. He then went away. My mother's health was poor indeed, after we went to Triangle. There was some one in the house with her all the time; she requested it. I recollect the night she disappeared—I slept in the bed-room. Think it was between ten and eleven when I went to bed. Mother did not wish to go to bed at all. She was not rational. She was in my room during the night—do not know the time, or what she was there for. I heard the door slam—got up, and called to father, who was then getting up. I went to the door. He went to the well and run the bucket down, and called for her. The barrel was shoved away—it was more than half full.

*Cross-examined.* Am eighteen years old. After the teams came mother got tea. The men sat down to tea. Am sure I waited on the table. Don't know how I swore before. No furniture there when I got there. Father did not come till dark. Am sure no teamsters staid there that night. Mr. Burger was there next morning. I was there when Johnson went away. She said if I wanted to go back with him, I might. He was building a barn there. Can't tell how many times he ate there after-

wards; he ate there once after mother was gone. Father, uncle, and J. ate. Johnson and father came to the house together in a wagon. The door was fastened on Saturday all day. She tried to get away Sunday several times, and once got clear to the woods. The door was not at any time fastened by two nails driven over the latch. Don't recollect that I swore at Greene that it was so fastened that night. If I did, it was false. Don't recollect what I swore to at Greene. Don't recollect ever telling that the nail was cracked, and mother broke it. I stated the truth when I was sworn at Greene. My recollection is clear with respect to the conversation between mother and Johnson. Can't tell to whom I first told it. The door slammed hard so as to wake me up. Never told father or mother what I heard. The door was shut when I got up.

VINCENT VAN ARSDALE, sworn. I reside in Cortland county. Know the prisoner. Recollect the time Mrs. Bolt disappeared. Mr. Bolt lived in Triangle. I went on the place about ten days after he left it. Mr. Johnson was there a number of times after I went there. I saw him in the corn-field about the last of June or first of July. He had a stick in his hand and was thrusting it into the earth. He asked me if I kept a good look-out; and said I ought to do so, as he had no doubt Bolt had killed his wife, and secreted her on the farm. I said Bolt had not killed his wife more than I had. He said it was well enough to make them think so.

*Cross-examined.* Heard a number of people speak about the same thing, of Bolt's killing his wife. That was the common opinion. I moved on the farm the 22nd of May, and off in February. There was a controversy between Johnson and myself. He complained of me for killing two sheep, and said I had no right to do so. First told of the conversation with Mr. J., when the peo-



ple gathered to dig for Mrs. Bolt's bones. Other people had been punching over the fields. Told of it a year and a half after it occurred in '45.

SAMUEL P. FITCH, recalled. I saw Mr. Johnson the Sunday afternoon Mrs. Bolt is said to have disappeared, not far from sundown, pass through the village of Greene in a one-horse covered carriage. I was near Mr. Juliand's on the east side of the Chenango. Crossed the road just ahead of the horse. He was not alone, but I did not know the person with him. They had cloaks on. The last I saw of them they were passing over the canal bridge on the direct road to Triangle.

*Cross-examined.* It was about the time of evening meeting. I was going to meeting. Have heard he had property west of the canal. Don't know what road he took after he got over the bridge. Have talked with Smith about it. He said he saw him at prayer meeting. My attention was called to it within ten or fifteen days. Johnson charged me with killing his sheep.

PHILIP DECKER, sworn. I reside at Geneganslet Corners, about two miles from Greene, on the turnpike to Triangle. I know Johnson. Recollect the time Mrs. B. disappeared. I saw Johnson that day between sundown and dark, pass by my house and go west towards Triangle. He was in a one-horse wagon, and a man with him. They had cloaks on. I looked him in the face. Have known him by sight seven or eight years. The other man had his face partly covered. It was the wagon Johnson generally drives. They sat in the back end.

*Cross-examined.* Have known Johnson ten or twelve years. He used to live in Lisle before he came to Greene. Saw him pass frequently. The other man appeared taller. Told my wife Johnson was going by.

ALLEN C. JEFFERS, sworn. Reside in Triangle in sight of the Bolt place, about two hundred and fifty rods

from it. The night Mrs. Bolt disappeared, I got up about 12 o'clock, and was up a short time. Heard the clock strike one after I went back to bed. Not far from one my dog barked, I spoke to him, and a wagon went by. It went east. I thought it a one-horse wagon. It went slow. I got up very early the next morning—noticed the wagon track half way to Bolts. Saw Johnson after Mrs. B. disappeared. He asked me if I had heard Bolt make any threats against him. Told him Bolt told me that if he was certain he was the one, he could not keep his hands off of uncle John. I asked Johnson what he sent Jim Roos over there for. He told me he had heard there was a fuss in Bolt's family, and he sent Roos to tell him to take no rash move—he could satisfy him when he should see him, before his family, that he had done nothing wrong—that he had a lawsuit, and could not go himself. I saw Roos pass my house on Friday and stop at Bolt's. [Nothing important in the cross examination.]

ORLANDO EGGLESTON, sworn. Resided in Triangle in May '44, about two miles from Clark's Corners, and about the same distance from Bolt's. Recollect the Sunday night—it was dark and misty. Heard a wagon pass my house that night, driving fast—got up and went to the window and saw it. It was going South towards Triangle Corners. [Cross ex. Nothing important.]

HARVEY B. HAMMOND, sworn. Reside in Greene on prisoner's farm, am the husband of Mrs. Hammond. Was one of the teamsters who moved Bolt. Saw Johnson in the fields about sixty rods from the house. Said he was looking after some cattle. Lived in September where I now live. Never saw the Baxter house fastened till after the alarm.

*Cross-examined.* Mrs. Baxter was arrested in two or three hours after the girl was found. Think Mrs. Bolt



came out to the wagon for the tea things. She was busy about like the rest. It was half an hour before we had tea. Think Mrs. B. waited on the table. Did not hear her make any complaint. Heard her say to Mr. J., I don't know but you will have to carry my girl home with you, she is homesick. She spoke pleasant enough. Mr. J. was in his wagon ready to start.

*Direct.* Did not notice her manner.

DELIA BURDICK, sworn. Am the sister of Mrs. Hammond. [Testified as to the carrying off of Mrs. Burdick substantially as did Mrs. Hammond] Van Ostrom said, there is another Bolt scrape. They have carried off a woman in broad day-light. Mr. Johnson asked who was carried off—if it was that young Burdick's wife. Van O. said it was. Mr. J. said he had first understood they had carried Burdick into the house dead. Johnson went after Mrs. Baxter. I heard him ask her for the key to her house. She gave it to him. Mr. J. asked for the cape, or said Mrs. Baxter wanted to see it. This was before Mrs. Burdick was found.

*Cross-examined.* [Testified as to Mrs. Burdick's fits and insanity.]

JOHN VERRILL, sworn. Live first house above Hammond's. Went after Nyrum Johnson. Found him drawing stone. He was in no hurry to come. Mr. Johnson and Mrs. Baxter went slowly along in a wagon, and were very chatty.

MRS. BURDICK, recalled. On Monday before the abduction, I told my mother that I intended to expose her and Mr. Johnson. She said if I did, he would do by me as he had said he would.

ELISHA STRAIGHT, sworn. In the afternoon of the day Mrs. Burdick is said to have been carried off, saw Mr. Johnson about 2 o'clock, in the road. He went down

Main street with his horse and wagon—had a rough box in his wagon.

*Cross-examined.* It was about a mile from the Chenango House. Asked me to get in and ride. He had, not bones, but pigs in his box.

DR. AUGUSTUS WILLARD, sworn. Live in Green—have practiced as a physician about twenty years. In Sept. last, a search for the remains of Mrs. Bolt was generally talked of in the community. It was just before the carrying off of Mrs. Burdick. There was talk of searching the Bolt farm, and Mrs. Baxter's premises. It was public in the streets. Human bones, after the flesh is removed, if not exposed the air, are dark colored. Burning would make them nearly white. After burning they would pulverize easily.

*Cross-examined.* Could not well put the bones of a skeleton into a milk-pan. The ligaments would soon decay in moist earth. Was present, part of the time, at the examination before Esq. Lewis. Mrs. Burdick appeared rational, entirely so.

HENRY BURGHARDT, sworn. Reside in Triangle. Saw John Johnson on the day of the moving. I was near Mr. Tafts, in sight of Bolt's house. He went across the lot, it being one hundred and eighteen rods shorter than the road the teams took. I was there nearly an hour, at which time the teams had not come up. His horse was warm and sweat freely.

JEREMIAH VOSBURGH, sworn. Saw Johnson on the day of Mrs. Burdick's abduction, at about 10 o'clock. He was by the stone wall, looking towards Hammond's house.

ANDREW VOSBURGH, sworn. Went to the swamp after the piece of paper mentioned by Mrs. Burdick and found it where she said it was, in a little hole about two feet



from the brook. The hole was like a horse track, and was covered over with leaves.

EDWARD C. KATTEL, sworn. Produced the paper found by Mr. Vosburgh. It was left with me as a magistrate, and sworn to. The sticks found on Mrs. Burdick, were weighed when dry, before me. The heavier weighed twenty-six pounds, the smaller, two and a half.

ROBERT B. MONELL, sworn. Reside in Greene—know James Bolt. Saw him two or three times within the two weeks before his wife disappeared. Saw him once with Johnson going towards Hammond's. He had previously consulted with me about his difficulties. I advised him as a lawyer, and gave him a letter of introduction to the District Attorney of Broome county. Know the Baxter house. Have tried the experiment to see if persons without, could hear conversation within. Juliand and Hammond conversed in the farther part of the room—I could hear them distinctly.

JAMES ADAMS, sworn. Built a barn on the Bolt place for Johnson in '44. Saw J. there frequently after Mrs. B's. disappearance. He asked me if I didn't hear Bolt and his wife quarrel. He took me away in private, and asked me if I did not hear her say she was homesick; and put other similar questions.

*Cross-examined.* I told him she acted as though something was the matter with her.

[ The testimony for the prosecution here closed, and Mr. Dickinson opened the defence. ]

### The Defence.

LYMAN B. LEWIS, sworn. Am a Justice of the Peace in Greene, was so last fall. Took Mrs. Burdick's statement, on the 7th Oct. 1845. I wrote it down and read it over to her, and she swore to it. It was carefully read to her. She appeared to be rational. The affidavit pro-

duced, is the one she swore to. She was sick and could not sign it. It was a few days after her abduction.

AMY BAXTER, sworn. Johnson never offered or proposed to marry me. Nothing was ever said about destroying his wife. No conversation ever had between us as to the manner in which Mrs. Bolt was destroyed. Saw him Sunday afternoon as late as six o'clock, in the street in front of my house. I asked him where Charles should chop wood. He asked where Charles was. I told him I thought he had gone towards the village. He told me he could chop where Hammond got his wood. That was all the conversation I recollect. My son, living with J. was in the street. Don't recollect where my smallest son was. Mr. J. went up towards Van Ostrom's. My son John went down to Johnson's. I was at Nyrum's on the following Tuesday. Went there to cut and make a pair of pantaloons for Mr. J. Left there not far from sunset—rode back with old Mr. Johnson. Mr. Ketchum lives in Smithville. Augusta had a fit when I was there. She had been in fits for some days; at last she said she had been to Heaven and had seen her brother who had recently died, and talked with him—saw her Saviour—that her brother wished her to come back, and she told him she did not want to. He told her she must finish her work, and warn her friends. She prayed and kissed the Bible. After this she requested her brother Charles to set a tumbler of water on the steps. He did so, and in the course of a bright star which she could see. He told her he thought no stars were to be seen, as it was a dark and rainy night. Then she wanted to be led to the door to drink the water in the tumbler. We told her she should not go there. Charles and George Ketchum led her there, and she drank the water. Mr. K. was called in for assistance.

*Cross-examined.* My husband is not living—he has been



dead seven years. He died in Oxford. He died in the street, about ten o'clock in the morning. He had eaten his breakfast as usual; I don't recollect how long before. Something was said about opening his stomach to find out the cause of his death. I objected, in a manner. Our cellar at Smithville was an outer cellar. No wooden box in it, to my knowledge. My husband had been out half an hour when he died. When I left Greene for Norwich I went on foot and alone. Rode about one and a half miles, with whom, I do not know. Went more than once. First time, went with John Johnson. My little girl Sarah went with us as far as my son's house in Oxford. We did not stop at his house. When I went on foot, I went to take care of my son. Lived with them, in one part of the house, for two or three weeks. Mr. Johnson sent a writing to them to leave the house. I read it to them, and know of no other means used to expel them. I had formerly lived a year in a house of Johnson's. At Geneganslet, I rented a house of Mr. Hays, and paid in sewing. I sew with my left hand. Lived in Hays' house near a year. Went from there to Smithville, and lived in Ketchum's house. Charles paid part, I paid some, and part is unpaid. Mr. Johnson took the crane from an Irishman's chimney, and put it up in mine. I did not pay him all the rent the first time. When I went from Smithville, I moved into his house in Greene. John pays the rent. He is fifteen years old. He lives with Johnson who clothes him for the most part. Never had but one bushel of wheat of Mr. J. He never furnished me with any money, except fifty cents which I borrowed. I went to his house and sewed for him. That is all, or nearly all that I have ever had from Johnson. Had not been in the habit of locking my house. Charles put on the lock either the Saturday or Sunday before the abduction. Mr. Johnson told me I could ride with him.

We went fast—he told me what had taken place. I learned a few minutes before that Mrs. Burdick had been taken off. Saw the cape. It is mine. The sewing of left-handed persons can, in some cases, be distinguished. Saw the gag. I never have been on a bed with Mr. Johnson—there has never been any intercourse between him and me.

JOHN BAXTER, sworn. I was at mother's Sunday night before the abduction. Mr. Johnson found me there. He wanted me to go down and fix the fence—Mr. Hammond's cows were in the meadow. I took an axe from mother's to drive the stakes, and my younger brother went to bring the axe back. Mr. Johnson went up to his farm above.

*Cross-examined.* Johnson left when I did. The cows were not in the lot.

THOMAS BISHOP, sworn. I reside in Greene. Saw Mrs. Burdick a week or ten days after the abduction. Was at Hammond's; my wife was there, and Mr. Robinson and some others. I judged Mrs. B. was deranged. She was talking about everything. She once said she was carried off by Robert and Jeremiah Clinton, who live somewhere in Pennsylvania—said they stopped at Binghamton, also at Union—that they got to Greene Monday evening, and went to Johnson's—that one of them, with her mother, attempted to carry her off that night—that the next day they succeeded—that they were in Hammond's barn. She said Mr. Johnson wrote them and sent them money. She said the bones were taken from a field in Triangle—were buried under a stump—if they had looked close, they might have discovered them—that Mr. J. brought them from Triangle in a sack, and burned them on his side hill in a log heap. She warned her husband to keep in, that an attempt would be made to destroy him—that his life was limited to some four or six months. I put the questions at Mr. Burdick's



request. He and I tried to mesmerize her. He succeeded. I pricked him with a pin and she started. She was half an hour in giving the relation. All of it was while she was in the mesmeric state. She was deranged, and talking on every subject, before and after.

*Cross-examined.* She was under my influence—would answer my questions, and those of no other person. She told who were in the room.

[A deposition of Louisa Bolt was here read, in which she swore that the door was fastened with two nails.]

[Mrs. Burdick's depositions were here read, showing considerable variations in the different accounts she had given of the conversation between her mother and Mr. Johnson, and of her own abduction.]

JAMES ROOS, sworn. I reside in Greene. In 1844, lived in the house with Johnson. It is a large house—four large rooms on the ground. I occupied the South West rooms, and he the South East ones. He and his wife lived there—generally had a girl and sometimes a boy—can't tell who lived with them then. Eliza Johnson was there about that time. I recollect the Sunday Mrs. Bolt disappeared. Bolt was there the Saturday before. I was at home that Sunday evening, and saw Johnson. He came into my room just at dark—came through the hall with his cane in his hand. He staid, I should think, an hour. I conversed with him about coming to Binghamton the next day; and about Bolt's being over the day before. We talked about some work—my hands helped him, and his me. The next morning he got up his horse, said he was going to Binghamton, and started in that direction. Can't say when he returned. My wife was not at home all that evening. She went away about sundown, and came in just as Johnson went out.

*Cross-examined.* I moved there Nov. 1, 1843, and staid till about 1st April, 1845. Mr. Johnson asked me to go

over and see Bolt on the previous Friday—no other business there. I saw Bolt the next day. He asked me if Johnson was at home. I said no. I found him at Cushman's store, and sent him up. Think Dr. Purple and Gray were there. Called him to the door and told him Bolt wanted to see him. He went immediately. I was here at the investigation when witnesses were examined. It was talked as to Johnson's whereabouts that Sunday. I have subpœnæd some of his witnesses. Don't know that I heard Johnson say that he could not remember where he was that Sunday night. I remember that Sunday night. Johnson was at home. I was here almost every day during the examination. Never said to Mr. Ketchum or his wife, that Mrs. Burdick must be impeached, or J. would be hung. Told Ransom during the examination, that I knew where Johnson was that night. My recollection is clear—think it was before the investigation closed. Have been active in Johnson's favor. Bolt did not refuse to go over and see Johnson. I did not tell Esq. Lewis that he did. I remained at Bolt's near half an hour—told him J. wanted me to ask what was the difficulty between them. He said J. knew as well as he did. I told him to go over and see Johnson. I had heard that there was difficulty, and that Bolt was going to get him indicted. I remember he had his cane, because my little boy took it, and played with it.

*Direct.* I was constable last November. What I did for Mr. Johnson was in the course of such business. I am Deputy Sheriff of Chenango.

MISS ELIZA JOHNSON, sworn. I am grand-daughter of the prisoner. I lived with him in the spring of '44, for six weeks—slept in the recess adjoining the kitchen; a curtain separated them. Grand-father and grand-mother slept in a bed-room off the kitchen, where we commonly staid. No other member of the family. Roos lived in



the other part of the house. Bolt was there Wednesday, after his wife's disappearance. He was there also before. Mr. Clough first informed me of Mrs. Bolt's disappearance. I am seventeen. Mr. Bolt said she had gone away, and would not be found till she scented. He came to our house in the morning. My grand-father was at home Sunday evening. He was out a portion of the evening. He went out into the hall about dark. He went to bed before I did. He wanted an early breakfast—he harnessed his horse, and said he was going to Binghamton.

*Cross-examined.* Don't recollect ever talking with any one about it, except grand-mother; don't recollect his ever going to Triangle in the night; never have been asked what I would swear to.

LUCINDA ROOS, sworn. Am the wife of James Roos; the Sunday evening referred to by my husband, I went out to Mr. Turk's; heard Johnson and my husband converse about some work.

*Cross-examined.* Don't know of Johnson's going off, about that time, at night; never told Mr. Turk I had heard a scream that night.

MRS. CORNELIA WATERMAN, sworn. Live in Triangle, about half a mile from the Bolt house; the teams were about half an hour behind Johnson's carriage; after Mrs. Bolt's disappearance, Louisa Bolt said the door was fastened by a nail driven over the latch, a cracked one.

EUGENE CUSHMAN, sworn. Am a merchant in Greene; took Mr. Griswold's butter; the entry is Tuesday, 23d Sept.; Mr. Johnson was there the day Mr. Griswold came with his butter; told Johnson, Griswold was coming; J. was there about four hours.

*Cross-examined.* Was here before on the examination; have been active in the matter—am here upon the request of counsel, have not been subpœnæd; have not been

requested by Johnson's counsel to say anything about this prosecution; J. is at my store almost every day.

JAMES ROOS, recalled. Transacted business in Smithville, in Sept. last about a mortgage; Johnson was with me; we left in the morning and got back at 3 P. M.; I wrote the receipt on the mortgage; it was Monday, the 22d Sept.

*Cross-examined.* Took dinner that day at my mother's; came back with Johnson.

PHILO CALENDER, sworn. Saw Johnson in Smithville on the 22d day of Sept., '45. He was in company with Mr. Roos. I charged him ham that day. Have served subpoenas for him—am deputy Sheriff.

ERASTUS FOOTE, sworn. Was counsel for Reed. Mr. Johnson came to the village after dinner. We went to the office between one and two. He was a material witness. Should think we were before the justice an hour. This was the 18th Sept.

J. Roos, recalled. Saw Johnson about the office a good part of Thursday. It is over one-third of a mile from Mrs. Baxter's to Esq. Lewis' office.

G. W. HOTCHKISS, sworn. Am an Att'y and Counsellor at Binghamton. Have been doing business with which Johnson was connected. Saw him on Tuesday, 16th Sept. at about nine o'clock A. M. Am Supreme Court Commissioner. Gave him a petition dated that day. He went out of my office to go to Maj. Hawley's. Was gone about two hours. Came back, and Elias Hawley with him. He was in and out of my office in the afternoon and evening. Have an impression that he was still here on the 17th.

J. Roos, recalled. On Saturday I went to Norwich—started about 1 o'clock; saw Johnson a few minutes before we started from Greene.

ELIZABETH PETERSON, sworn. Reside in Bingham-



ton; rode to Greene last fall with the prisoner; it was on Wednesday the 17th or 18th of September; it was before Miss Ransom went to New-York; returned on the 25th; reached Greene about 2 o'clock P. M.; took tea on Friday at Mr. Johnson's.

E. CUSHMAN, recalled. Johnson and Miss Peterson got to Greene about 2 P. M.; Johnson was very busy with the Reed matter; think he was at my store Friday.

DR. AMARIAH BRIGHAM, sworn. I have charge of the Lunatic Asylum at Utica. Ann Augusta Burdick was brought to the Asylum at Utica, Oct. 24th, 1845, by her husband. When she first came she appeared calm. I directed her to lie down to obtain rest, and after that I did not see her for about two hours. She soon became deranged and had spasms, and my attention was called to her on that account. Her spasms were severe and frequent, and at times she was delirious, and at other times she was apparently quiet and sane. She was diseased bodily as well as mentally, and required and received medical treatment. For three or four days she required the almost constant attention of three or four persons, and after that we felt less anxious about her. Her mind then became apparently settled. When delirious she would talk, and when she became sane she seemed to forget what she had said when delirious, and when she became delirious again she would apparently take up the train of thought which occupied her mind during her previous delirium. When she left the Asylum I supposed her to be rational. When she came to the Asylum I found she did not tell her stories twice alike, but at length she would tell them repeatedly alike. I saw her on Tuesday last at Greene, she knew me at once, and inquired after persons she had seen at Utica. I have seen her here at court and have heard her testify. It is my opinion that she is entirely sane. Terror

and fright are apt to produce insanity or epilepsy. Such an occurrence as she has described would be likely to produce insanity. I have known several instances where persons in health have, by a great fright, been made insane. She has a strong predisposition to insanity, being highly nervous and subject to hysterics, which is a species of insanity.

*Cross-examined.* Persons subject to hysterics for years have a tendency to insanity; and hysterical women do the most strange things of any class of persons, sane or insane. I speak from my own observation, and history attests its correctness. Hysterical women will deceive their friends, and frequently their physicians, by inventing stories, with little if any regard to truth; and will, in carrying on the deception, submit to painful operations by the physician or surgeon, and I am not prepared to say but that they do in part deceive themselves. I do not attribute their false statements to moral obliquity, theologically speaking, as the obliquity is produced by disease. They are apparently sincere, and I have never known one to own the deception. It is a diseased state of the nervous system, and I think the subject is irresponsible. The doctor here enumerated instances where males and females pretended to be strangely affected, and submitted to painful and unpleasant operations, and some of them carrying out the deception so adroitly, as to deceive the attending physician, the clergyman and indeed the whole neighborhood. Insane persons often inflict injuries upon themselves in order to charge others with the commission of an offence; and cases have occurred where insane persons have admitted themselves to be guilty of crimes committed by others. Hysterical females see visions and dream dreams, that are so vivid that they take them for realities. There is a person at Utica who a year after he had recovered from his insanity



could not rid himself of the fancies conceived by him when insane. Nervous persons sometimes feign fits in order to obtain medical advice, and when one hysterical person alleges she is affected in a particular manner, another hearing of it is very apt to be exercised in the same way. Hysterical and nervous women will perform the most marvellous and mysterious things imaginable. They will cut their flesh, and do other things, and with apparent honesty and sincerity charge their commission upon others.

*Direct, resumed.* When persons make statements at one time that they forget at another time, it is an evidence of a poor memory or a diseased mind. Hysterical fancies and strange delusions are very likely to occur in young females that menstruate, and it is highly probable that they are themselves deceived. The length of time the patient has been subject to hysteria will make no material difference. When any remarkable occurrence takes place in a neighborhood and it is much talked over, a nervous female will be apt to dream of it, and after dreaming will mix up facts with what is purely imaginary, and be apparently incapable of separating facts from fancy.

*Question by the Court.* Leaving the abduction of Mrs. Burdick out of the question, what would you think of her statement about the bones, made in her nervous and excitable condition? I should regard the story of the bones, apart from the abduction, a vision. The witness further stated, in answer to an interrogatory, that he had not made up his mind as to the story detailed by Mrs. Burdick, for it might be supported by corroborating facts and circumstances—and if he had formed an opinion, he thought he ought not to give it. He regarded this Mrs. Burdick as an artless, unoffending girl—honest in her statements; but she is a person of a highly nervous tempera-

ment and hysterical. Should believe hysterical persons on some subjects—their testimony should be received with caution. They often say things in that state, (*hysteria*,) which they do not recollect when sane.

[The Defence here rested.]

BENJAMIN THURBER, *called by the Prosecution*. Know Mrs. Baxter; know her general reputation; it is bad; from that reputation, would not believe her under oath.

[The testimony was brought to a close on Tuesday evening. Mr. DICKINSON summed up for the Defence on Wednesday forenoon—Mr. BIRDSALL for the People in the afternoon. Mr. COLLIER, for the Defence, occupied Wednesday evening and Thursday morning. Mr. Cook closed on the side of the Prosecution; and after a full charge from JUDGE GRAY, the Jury retired about four o'clock P. M., and after deliberating about half an hour, returned a verdict of NOT GUILTY.]

It is unnecessary to add that the trial was very ably conducted on both sides.]

*Note, by Ed. Jour. Insanity.* For the foregoing correct Report, we are indebted to the *Binghamton Courier*. Nothing has occurred since the trial, of which we have heard, calculated to throw light upon the mysterious circumstances of the affair. That a woman in a deranged state of mind disappeared as stated, several years since and has not since been found—and that another woman disappeared from her home in the day-time, and was found imbedded in a brook in a swamp, with her hands bound and a gag in her mouth and nearly dead, are *facts*. How these occurrences were produced, we leave for others and for time to explain.



## ARTICLE IV.

*Description of the Pleasure Grounds and Farm of the Pennsylvania Hospital for the Insane, with remarks. By*

THOMAS S. KIRKBRIDE, M. D., *Physician to the Institution. ( With a plate. )*

The pleasure grounds and farm of the Pennsylvania Hospital for the Insane, as shown in the accompanying plan, comprise a tract of one hundred and ten acres of well improved land, lying two miles west of the City of Philadelphia, between the Westchester and Haverford roads, on the latter of which is the only gate of entrance.

Of this land, forty-one and three-quarter acres constitute the pleasure grounds, which surround the Hospital buildings, and are enclosed by a substantial stone wall, of an average height of ten and a half feet. The remaining sixty-nine and one-quarter acres comprise the farm of the Institution.

From the character of the ground near the Hospital, the wall surrounding the pleasure grounds is so arranged, as to be almost entirely out of sight from the buildings, and only a small part of it can be seen from any one point within the enclosure.

The entrance to the enclosure is through a handsome gate-way, on the west side of which is the Gate-keeper's Lodge, and on the opposite side is a room for laying out the dead, access to which may be had from within as well as from without the pleasure grounds.

Carriages drive to the western front of the centre building of the Hospital, that being most convenient in

every respect, but the eastern is the architectural front and of most pretensions.

The pleasure grounds of the two sexes are very effectually separated on the eastern side, by the deer-park, surrounded by a high palisade fence, but the Park itself is so low that it is completely overlooked from both sides; and the different animals in it are in full view from the adjoining grounds used by the patients of both sexes.

At the extreme end of the deer-park, it is joined by the drying-yard which completes the separation of the sexes in that direction. In this yard, are the wash-house and the pump and pond from which water is raised into the tanks in the dome of the centre building. This pond is supplied from various springs on the premises, and there is ample space in the yard for drying clothes in fine weather.

East of the entrance is the private yard and residence of the Physician of the Institution, being the mansion house on the farm when purchased by the Hospital. The vegetable garden containing three and a half acres is next, and in it are the green-house, hot-beds, seed-houses, &c. The remainder of the grounds on this side of the deer-park is specially appropriated to the use of the male patients. In this division is a fine grove of large trees, several detached clumps of various kinds and a great variety of single trees standing alone or in avenues along the different walks, which, of brick, gravel or tan, are for the men, more than a mile and a quarter in extent. The groves are fitted up with seats and summer houses, and have various means of exercise and amusement connected with them.

There is a single private yard of good size for gentlemen who wish to be less public than in the grounds, or for those whose mental condition renders more seclusion



desirable. This yard is planted with trees and has broad brick walks passing round it. Between the north lodge and the deer-park, separated from the latter by a sunk palisade fence, is a neat flower garden.

In connexion with each lodge, as now enlarged or about to be, are three small yards paved with brick, and accessible to the patients of the respective divisions with which they are connected.

The work-shop and lumber-yard are just within the main entrance on the west—adjoining which is a fine grove, in which is the gentlemen's ten-pin alley.

In the pleasure grounds of the ladies, is a fine piece of woods, from which the farm is overlooked, as well as both of the public roads passing along the premises, and a handsome district of country beyond. The wall here is forty feet below the platform on which the Hospital stands, and is at the foot of a steep hill, so that it is not seen at all unless persons are in it's immediate proximity.

The summer-houses, rustic-seats, exercising-swings &c., in this division, are all in particularly pleasant positions. The cottage fronts the woods, and in every part this portion of the grounds is completely protected from intrusion and observation.

The undulating character of the pleasure grounds throughout, gives them many advantages, and the brick, gravel and tan walks for the ladies, are more than a mile in extent.

As on the men's side, there is a private yard for females, and the flower-garden in front of the lodge, and the paved yards connected with it are similarly arranged.

The semi-circular yard, on the eastern side of the main building is surrounded by flower borders, contains the circular pleasure Rail-road, and is used at different hours, by patients of both sexes.

In the arrangement and location of the walks for the patients, great pains have been taken to give as much extent and variety as possible, and to bring into view objects of interest, not only within the enclosure, but in the well improved district of country immediately around the Hospital.

The carriage road is sufficiently extended to give a pretty thorough view of the whole grounds, and of the farm and scenery beyond. This is occasionally used very advantageously, for giving carriage exercise to patients who could not with propriety be taken to more public situations.

The fences that have been put up, were rendered necessary by the uses to which the different parts of the grounds were appropriated. A large part of the palisade fences, like those enclosing the deer-park and drying-yard, were to effect the separation of the sexes, and the close fences have been made, almost invariably, for the sole purpose of protecting the patients from observation, and giving them the proper degree of privacy.

The farm, partly meadow-land, is divided into fields of convenient size for cultivation. It has two pleasant groves on it, a stone-quarry, two good springs of water, besides Mill Creek and a mill-race, which pass through it. The residence of the farmer and gardener are outside of the enclosure, as well as the ice-house, spring-house, coach-house, barn, stabling and other arrangements proper for a well conducted farm.

An outline of the ground-plan of the Hospital and other buildings is shown on the sketch. All of these are now erected and in use, except the additions on the north and south sides of the Lodge for females, which it is hoped will be completed during the coming summer.

REMARKS.—The location of institutions for the insane within the limits of large cities or in their immediate



vicinity, was certainly one of the unfortunate errors committed by our ancestors when making provision for this afflicted class, and tended as much perhaps as badly arranged buildings and defective schemes of organization, to prevent their inmates from receiving the advantages to be derived from a liberal and enlightened system of treatment. Without intending it, the founders of some of these institutions, by their location necessarily gave them much more of a prison character than would otherwise have been required.

There will probably, at this day, be found few persons who would dissent from the general proposition, that all institutions for the care and treatment of the insane should be placed in the country—although there may be some difference of opinion as to the precise distance from a town that is desirable. A reasonable proximity to a large town, always offers many advantages that may be made available in the management of a hospital for the insane, and used to add to enjoyment and improvement of the patients. If accessible by a turnpike or good common road, about two miles will be found a convenient distance, while if a Rail-road is used for this purpose, a much greater distance will not be objectionable.

Facility of access at all seasons, to persons bringing patients, or to their friends when visiting them, should never be forgotten when selecting the site for such an institution, and the spot chosen should have a well established character for healthfulness—be supplied with an abundance of water—certainly not less than four thousand gallons daily, for hospital purposes, with good means of drainage—the land should be fertile and easy of cultivation, and there should be fine scenery and objects of interest in the vicinity, that the walks and rides of the patients may be sufficiently varied and attractive.

There is little risk of possessing too much land in connection with a hospital for the insane, although the amount may very properly be varied according to the number and class of patients who are received. Much less than fifty acres about any institution, let the size be what it may, must necessarily subject it to many and serious inconveniences. One hundred acres is generally a much more desirable quantity, and for large establishments, particularly State institutions, where a large number of agricultural laborers will probably be received, a still larger amount will often be required. Nearly the whole amount first named will be desirable for pleasure grounds for the patients, for vegetable and flower gardens, and to give a proper degree of exercise in the open air, even where a farm is dispensed with.

The cultivation of the gardens and the improvement of the pleasure grounds, offer the generality of patients the most desirable forms of labour. It is sufficiently varied, not too laborious, and in some division of it many will engage who could not be induced to assist upon the farm or in any other kind of employment, out of doors. The vegetable garden should be large enough to furnish all of that description of supplies that may be required for the institution, and may occasionally be made profitable from sales of the excess. The flower gardens should be as extensive as can be well taken care of by the inmates and persons employed in the Hospital. The good influences which these, as well as a high state of improvement about the buildings, generally produce on patients and their friends, is often of great importance.

If the pleasure grounds are sufficiently extensive it is desirable that the two sexes should have their portions, entirely distinct, although some parts may be used in common, under the superintendence and direction of the proper officer. Without this arrangement certain classes



will be much more restricted in out-door exercise than is proper or desirable.

As much as possible of the grounds belonging to a hospital for the insane should be permanently enclosed by a substantial wall of stone or brick. This wall should always be so arranged as in at least a considerable part of its extent, to be completely out of view from the buildings, either by being placed in low ground, if that is practicable, or if not, it can readily be arranged, by being sunk in certain places in an artificial trench, and thus to prevent its being an unpleasant feature, or to give the idea of a prison enclosure. Such a wall however, useful as it is, had much better not be put up, unless to enclose a large number of acres, or unless it can be kept from being a prominent object from the buildings.

It is a very common error to suppose that a wall of the kind referred to is simply to prevent the escape of patients. There are some who would ramble away without definite object, if there was no wall, and many, who might walk off intentionally if there was no obstruction, would be prevented by the trouble it would require to scale it, but these are entirely secondary to the advantages which are given by keeping improper persons out, by securing complete privacy to the institution, allowing all classes to take exercise in the open air, protecting them while out of the wards, from the unfeeling gaze and remarks of passers by, and preserving the grounds, gardens and improvements from injuries, which to a greater or less extent they are sure to receive, if accessible to the population, which is apt at times to wander within a few miles of large cities. A live wall,—a body of well instructed, judicious attendants, ample in number to give a proper degree of liberty, and yet to remove all opportunities of escape is the only adequate security that patients will be kept within a large enclosure, or on the grounds of an institution.

The vegetable garden should always be within the enclosure, as it will then always be available in furnishing labor as a remedial means to a much larger number than under other circumstances.

The value of a farm in connection with these institutions will, as has been already intimated, depend very much upon the size of the institution and the character of its patients. Generally however it will be found desirable, and if well managed, ought to prove profitable pecuniarily, as well as in reference to the health of the patients.

Several years official connection with three institutions for the Insane, differing widely in the character and extent of their pleasure grounds and in the amount of land, that was available for the use of their patients, has compelled the writer to witness the serious disadvantages which must constantly result from the defective arrangements in these particulars, and has caused him, whenever counselled on the subject, to urge in the strongest terms, upon all who have authority in deciding upon the circumstances under which new institutions are to be started, to permit no appearance of temporary advantage—which can hardly fail in the end to prove a delusion—to tempt them to erect a hospital for the Insane, except where there is plenty of land of the right kind, properly located, with an abundance of water, and with all the other natural advantages and capabilities for improvement, which properly used, will make it in all future time, a spot worthy to be sought for by the afflicted as relief from their sufferings, and capable of having carried out, in connection with it, every detail of the most liberal and enlightened system of treatment.

*Philadelphia, March, 1848.*



## ARTICLE V.

*Insane Monarchs.*

In February, 1820, George the Third descended to the grave. Never, I believe, did any prince—not even Elizabeth—leave behind him a memory more cherished by his subjects! Confined as he was to his apartments at Windsor, unseen except by his medical attendants, having long ceased to live, in a moral and in a political sense; deprived of sight as well as of intellect; and oppressed under the weight of old age; yet his people have clung to his memory with a sort of superstitious reverence; as if, while he still continued an inhabitant of the earth, his existence suspended or averted national calamities. This affectionate respect he owed far more to his moral qualities, than to his abilities or mental endowments; and his long reign, if considered only as a period of time, abstracted from the consideration of the sovereign, presents a melancholy picture of enormous public debt, immense territorial loss, and most ruinous hostilities. Between 1760 and 1812, when he had ceased to *reign*, a period of fifty-two years, we enjoyed scarcely twenty-four of peace. The decease of every other sovereign recorded in history, labouring under incurable mental derangement, has always been considered as a consummation equally happy for the individual and for the community. George the Third is the *seventh* prince whom Europe has beheld during the last four centuries, seated on a throne, and alienated in mind. Of the seven, *two* have been females, and *three* have reigned in our own days. Germany, France, Spain, Sweden, Denmark, Por-

tugal, and England, have each, in turn, exhibited this painful spectacle.

The *first* in order of time, Wenceslaus of Luxembourg, Emperor of Germany and King of Bohemia, ascended the throne in 1378, before he had well attained to manhood; and, like Nero, at first gave hopes of many virtues. But they soon became obscured under the most scandalous and vicious excesses. In *him*, insanity was produced by the combination of an understanding naturally feeble, with furious passions and ungovernable appetites, whose indulgence rendered him frantic. Deposed from the imperial throne, repeatedly imprisoned, and degraded to the lowest point of wretchedness, he was nevertheless permitted to retain the title of king, and died in 1419, at Prague.

The *second* instance of royal insanity was presented nearly about the same period, in the person of Charles the Sixth of France; a prince on whom, with more reason than on Louis the Fifteenth, his subjects bestowed the epithet of "le Bien-aimé." Endowed by nature with faculties adequate to the weight of government, a constitutional tendency to mental alienation, which appears to have been inflamed by *coup de soleil*, terminated ultimately in madness. Under so severe an affliction he laboured during thirty years; not, indeed, constantly deprived of reason: for, like George the Third, he enjoyed intervals of sound understanding; relapsing nevertheless from time to time into total incapacity. Charles terminated his life and reign three years after Wenceslaus, amidst scenes of national distress, and of personal destitution, the most deplorable.

Jane, surnamed "la Folle," or the Mad, daughter of Ferdinand and Isabella, sister to Catherine of Arragon, Henry the Eighth's wife, herself the greatest princess in Europe, Queen in her own right of Spain and of the



Indies, who forms the *third* example, remained in a state of incurable lunacy during nearly fifty years. In *her*, it resulted from original weakness of intellect, aggravated by the untimely death of her husband, Philip “le Bel,” on whom, notwithstanding his indifference towards her, she doated with undiminished fondness. Immured in the castle of Tordesillas on the Douro, by her son, the Emperor Charles the Fifth, from the age of twenty-four to seventy-three; neglected, forgotten, sleeping on straw, which she sometimes wanted, though her apartments were hung with tapestry;—she expired in 1555, an awful monument of human misery combined with the highest earthly dignities.

Sweden offers the *fourth* instance of a crowned head bereft of reason, in the person of Eric the Fourteenth, eldest son and successor of the great Gustavus Vasa. He probably inherited at his birth the intellectual malady which precipitated him from the throne, his mother having been confined on a similar account. Eric, who was deposed in 1568, after a reign of eight years—whose remaining life was passed in captivity, transferred from one prison to another; and over the precise nature of whose death a veil is drawn—like those of Richard the Second, of Henry the Sixth, and of Edward the Fifth, in our own annals;—Eric, ferocious, sanguinary, and cruel, as he ultimately became, seems, when not under the dominion of frenzy, to have been mild, tractable, and humane.

We now arrive at the present times. Here, Christian the Seventh, King of Denmark, furnishes the *fifth* exhibition of disordered reason among the sovereigns of Europe. It was neither constitutional nor hereditary in *him*. Excesses, followed by diseases, and the imprudent use of remedies, wholly deprived him of understanding before he had well accomplished his twenty-third year.

From 1772 down to 1808, when he ceased to exist, Christian remained the victim of debilities, mental and corporeal, the most humiliating and incurable in their nature. If I do not relate the particulars of his condition, it is not because I am unacquainted with them, but from motives of delicacy and concern.

Widely different were the causes which deprived of intellect Maria, Queen of Portugal; a princess endowed with many virtues, animated by the best intentions towards her people, and by no means destitute of qualities or talents worthy a throne. Superstition, combining with a melancholy temperament, overturned her mind. She forms the *sixth* in this line. Dr. Willis, who was principally instrumental in restoring George the Third to health, and who soon afterwards visited Portugal, in the expectation that he might effect a similar recovery in the queen, found her beyond his art. Sir Sydney Smith nevertheless assured me, that soon after she embarked on board his ship in the Tagus, towards the close of 1807, when she was seventy-three years old, she perfectly recovered her reason during about twenty-four hours, at the end of which time she relapsed into her former disordered state. It is an extraordinary fact, that the two last-mentioned sovereigns should both have been driven out of their respective capitals about the same time; one, by the English; the other, by the French. Christian was conveyed into Holstein, previous to the siege of Copenhagen. Maria, expelled from Lisbon, crossed the equinoctial line, and found an asylum in the southern hemisphere.

George the Third, who closes this procession of kings and queens "beheld in dim eclipse," is justly embalmed in the affection of his subjects. Yet his reign may with truth be divided into two portions: the first comprising about twenty-two years, from 1760 down to 1782, during



which he enjoyed little or no popularity; the last, of seven-and-thirty years, throughout the whole of which period, though the greater part of it was passed in war, his virtues have obtained for him a higher place in our esteem than any prince has occupied since the Norman Conquest. Elizabeth, and William the Third, were sovereigns of much greater talents; so were Henry the Second and Edward the Third, but beneath him considered in a moral point of view.—*Wraxall's Posthumous Memoirs.*

## ARTICLE VI.

[We present our readers, in the following article, an account of one of the most singular events that history records. We presume many will infer from its perusal, that the principal actor, like Joan of Arc, was affected by a species of insanity. It is on this account, that we publish it in this Journal, though we do not fully coincide in the opinion that she was insane.]

### Charlotte Corday.

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“ Le crime fait la honte, et non pas l'échafaud.”

CORNEILLE.

The eleventh of July, 1793, it was reported in Paris, that Marat had just been assassinated. Such a report dared scarce be confided but to friends. It was soon confirmed, however, by the fury and imprecations of the Jacobin party. A woman had stricken the blow; she glories in her deed; she awaits her punishment; nor has she sought to evade it by concealment. It was Charlotte Corday.

She was born in the department of Orin, and resided at Caen. Her father, a gentleman of ancient family, enjoyed an easy fortune. Her age was twenty-five years; her figure beautiful and regular, and her countenance was animated with the purest coloring. Everything in her features and manners indicated that, in elevating herself above the strength, she had not compromised the modesty of her sex. The care of pleasing by dress seemed frivolous to her; she fulfilled with tenderness the duties of filial piety; but in domestic life had maintained or preserved herself an independence. Perhaps the loftiness of her spirit had withdrawn her from feeling a passion which forms the destiny of a woman. One passion alone had for a length of time occupied her thoughts; it was that of liberty. She drew constantly in her mind the humiliating contrast between that liberty, the object of her adoration, and the odious phantom with which France had been presented. When the proscribed deputies arrived at Caen, she pitied their misfortunes: she saw all those of her country. Placed too far from the theatre of events, she comprehended badly their cause. She saw thousands of tyrants; she believed they were in subordination to a chief, and the most ferocious appeared to be the most suitable amongst them. The two most generous sentiments of nature, pity and indignation, filled Charlotte Corday with a species of fanaticism. Her resolution was taken, and she experienced in anticipation all the joy attending the commission of a great action. The serenity of her countenance deceived her father and her friends. She set out for Paris. In the public diligence, she exhibited to her companions an amiable sprightliness, which even the conversation of some Jacobins who were of the party failed to interrupt. The first day of her arrival at the capital, was employed in acquitting herself of certain commissions with which



she had been entrusted. Trifling cares seemed to occupy all her attention. The next day she proceeded to the Palais Royal, and purchased the knife she designed to plunge into the bosom of a tyrant. She examined and carried this weapon away with her, with an air of indifference. She caused herself to be conveyed to the house of Marat. The den of the tiger was closed to her. Her eagerness excited the suspicion of a woman whom Marat called his friend. Charlotte perceived that it was necessary to deceive him, and laid a snare for his ferocity. She wrote him the following billet, in which it may be seen, that by a fortunate equivocation, she consoles herself for being obliged to flatter him:

“*Citizen*: I arrive from Caen; your love for the country has caused me to presume that you would learn with pleasure the unfortunate events of this part of the Republic. I will present myself at your house; have the goodness to receive and grant me a moment’s conversation. I will place you by the same, in a situation to render France an important service. CHARLOTTE CORDAY.

The following day Charlotte wrote him another letter and presented herself a second time at the house of Marat. The same woman disputed her entrance. Marat overheard their altercation, and ordered her to be introduced. He was at the time in the bath.

He interrogated Charlotte; she dissembles. He wishes to have the names of all the deputies who had taken refuge at Caen. She repeats them to him, and Marat transcribes them with the same exultation, as though he were for the first time about to place them upon a list of proscription. “It is well,” he said with the accent of a man sure of his vengeance, “before eight days they shall all go to the guillotine!”

At these words, as if the soul of Charlotte had waited for a last crime to decide her to strike the stroke, she

draws from her bosom the knife and plunges it with a supernatural force up to the handle into the heart of Marat. Charlotte withdraws with the same movement the bloodied weapon from the body of the victim and lets it fall at her feet. "To me! my dear friend! to me!" cries Marat, and expires under the blow.

Women run to his assistance: Charlotte Corday remains immoveable; she becomes the prey of their fury. The guard arrives; she places herself under its protection, and is conducted to the Abbaye.

Charlotte Corday, however, experiences in her prison a sentiment of pride and of peace. She was without resentment for all the vexations that were added to her captivity, save such as wounded her modesty. The hour of glory has arrived for her; it is that in which she appeared before her Judges; for the Jacobins allowed her Judges and even counsel for her defense. The people flocked in crowds to behold her. They declare aloud their detestation; while in a low voice they signify their admiration of her conduct.

The president of the revolutionary tribunal, Montane, touched with so much beauty and youth, and convinced of the sincerity of a fanaticism which rendered almost innocent the assassin in the eyes of human justice, he wished to save the life of the accused. He directed questions and insinuated tacitly the answers to induce the Judges to conclude on madness rather than crime. Charlotte obstinately deceived the merciful intention of the president. She claimed her act as her glory. They transported her to the Conciergerie.

Her interrogation proceeds. History cannot better characterize this prodigy of enthusiasm and elevation of soul than relating some of the answers of Charlotte Corday.

"All these details are useless. It is I who have killed



Marat! What induced you to commit the assassination? demanded the President of her. His crimes. What do you mean by his crimes? The misfortunes of which he has been the cause since the revolution, and those he was yet preparing for France. Who prevailed upon you to commit this assassination? No one; it was myself alone, who conceived the idea of it. How are the refugee deputies employed at Caen? They wait till anarchy ceases, to resume their posts. Was it to a priest who had taken the oath, or one who had not, that you confessed yourself at Caen? I went neither to the one nor the other. What were your intentions in killing Marat? To cause the cessation of the troubles of France. Was it a long time since you formed this project? Since the transaction of 31st of May; the day of the proscription of the deputies of the people. It is from the journals then that you have learned that Marat was an anarchist? Yes, I knew that he was overturning France. I killed, him added she, elevating her voice to the highest tone, I killed one man to save an hundred thousand; a wicked one to save the innocent; a ferocious beast to give repose to my country. I was a republican before the revolution, and have never wanted energy. What do you mean by energy? I mean by energy, the sentiment which animates those who laying aside private interest, are able to sacrifice themselves for their country." To the question, have you ever loved a man? she answered, "Never!"

These answers, precise, proud, disdainful by turns, made in a voice whose sound recalled childhood, while announcing masculine thoughts, induced the interrogators often to reflect upon the power of fanaticism which borrowed and strengthened so feeble a hand. They hoped always to discover an instigator behind that candor and that beauty. They only found the inspiration of an intrepid heart.

The interrogatory terminated, Chabot discontented with the result, devoured with his eye, the visage, the stature, the whole person of the young girl bound before him. He believed that he perceived a paper folded and attached by a pin upon her bosom; he stretched out his hand to seize it. Charlotte had forgotten the paper of which Chabot obtained a glimpse and which contained an address to the French people, prepared by herself, to invite the citizens to the punishment of tyrants and to concord. She thought she saw in the gesture and in the eye of Chabot an outrage to her modesty. Deprived of her two hands, by the cords, she was not able to oppose them to the insult. The horror and indignation which she had experienced, caused her to make a movement in the rear of the body and shoulders, so sudden and so convulsive, that the cord of her robe broke, and the robe itself, being detached, left uncovered her bosom. Confused, she bent herself as quick as thought and folded herself in two to hide her nudity from the judges. It was too late, her purity had to blush before the eye of man.

Patriotism did not render these men cynics nor insensible. They appeared to suffer as much as Charlotte at that involuntary punishment of her innocence. She supplicated that they would loose her hands that she might fasten her robe. One of them detached the cords. Respect for nature closed the eyes of these men. Her hands loosed, Charlotte turned herself towards the wall and readjusted her neckerchief.

During her interrogation, Charlotte perceived a man sketching her features; she kept herself turned towards him without affectation. She had a zealous council in Chauveau-Lagorde. The manner in which he defended the accused, was pleasing to her haughty spirit. His discourse was as follows:

“The accused confesses with deliberation, the horri-



ble crime she has committed; she confesses with deliberation, her long premeditation of it; in one word, she confesses everything, and does not even seek to justify herself. This, citizens, jurors, is her whole defence. This imperturbable calm and this entire negation of self, which announce no remorse in the presence of death itself; this calm and self-denial, sublime in every respect are not in the course of nature; they can only be explained by that exaltation of political fanaticism, which has placed a poignard in her hand; and it is for you, citizen's jurors, to determine what weight this moral consideration should have in the balance of justice. I rely upon your wisdom."

On hearing her sentence of condemnation pronounced, Charlotte Corday displayed a movement of joy, as though she had attained her reward. She afterwards placed in the hands of the President, two letters, one addressed to her father, the other to Barbaroux. The letter, which is too long to be inserted here, abounds with grace and elevated sentiments.

"We are," said she in it, "such good republicans at Paris, that we cannot conceive how a useless woman, the longest term of whose life would conduce to no good, can with so much deliberation sacrifice herself to save her country. \* \* \* \* I enjoy a delicious tranquility. The happiness of my country completes my own." The letter to her father is conceived in the following terms:

"Pardon me, my dear father, for having disposed of my existence without your permission; I have avenged many innocent victims. I have prevented many other disasters; the people, one day undeceived, will rejoice to have been delivered from a tyrant. If I sought to persuade you that I was about to retire into England, it was because I hoped to preserve my *incognito*, but I have recognised the impossibility of doing so. I hope that

you will not be disturbed ; in any case you will have those at Caen who will defend you. I have chosen Gustave Doulcet to defend me. Such a crime as mine does not admit of defense ; it is only for form's sake that I have chosen counsel. Farewell, my dear father ! I pray you to forget me, or rather to rejoice at my fate—the cause of it is good. I embrace my sister, whom I love with all my heart, as well as all my relations. Do not forget that verse of Corneille : “ The crime, and not the scaffold, makes the shame.”

“ It is to-morrow at eight o'clock that I am to be tried.”

‘ The 16th of July, 1793.

C. CORDAY.”

The artist, who had sketched the features of Charlotte Corday before the tribunal, was M. Hauer, painter and officer of the National Guard of the section of the Theatre-Francais. Having re-entered her dungeon, she begged the door-keeper to permit him to enter to finish his work. M. Hauer was introduced. Charlotte thanked him for the interest he appeared to take in her fate, and took her position before him with serenity. It might have been said that in permitting him to transmit her features and physiognomy to posterity, she charged him to transmit her soul and patriotism visible to generations to come. She conversed with M. Hauer about his art, the event of the day, of the peace which the act gave her, which she had consummated. She spoke of the young friends of her childhood at Caen, and prayed the artist to copy, in miniature, the large portrait which he made, and to send that miniature to her family.

In the midst of that conversation, mingled with silence, they heard a gentle knock at the door of the dungeon placed behind the accused. They opened it, it was the executioner. Charlotte, turning at the noise, perceived



the scissors and the red "chemise," which the executioner carried on his arm. Her countenance grew pale and she shuddered at that exhibition. "What already!" she cried involuntarily. Soon she restrengthened herself, and casting a look on the unfinished portrait: "Monsieur," she said to the artist with a sad and benevolent smile, "I do not know how to thank you for the care you have taken. I have only that to offer you, preserve it as a memorial of your goodness and of my gratitude." In saying these words she took the scissors from the hand of the executioner, and cutting a lock of her long hair, which escaped from her bonnet, she presented it to M. Hauer. The gendarmes and the executioner, at these words and this gesture, felt the tears mount into their eyes.

A priest, authorized by the public accuser, presented himself according to usage, to offer her the consolations of religion. "Thank those who have been so attentive as to send you," she said to him with an affectionate grace, "but I have no need of your ministry. The blood which I have shed, and my own which I am going to pour out, are the only sacrifices I can make to the Eternal." The executioner cut off her hair, tied her hands and put on her the "chemise" of the executed. "Behold," she said smiling, "the toilette of death made by hands a little rude, but it conducts to immortality."

The next day she was conducted to punishment at seven o'clock in the evening. On seeing her, it was no longer permitted to think of the ignominious pageant with which she was surrounded. She might have been described as a young virgin, who followed with modesty and serenity, a festival, the object of which was to crown her virtue. All the people, she had under her eyes, appeared to her enfranchised by her hands.

Charlotte grew pale on seeing the instrument of punishment. She quickly resumed her natural color and

mounted the slippery steps of the scaffold, with a step as firm and as light as her dragging "chemise" and tied hands permitted. When the executioner, to uncover her neck, tore off the neckerchief which covered her breast, humiliated modesty gave her more emotion than the death so near at hand; but resuming her serenity and her almost joyous transport towards eternity, she placed herself, her neck under the hatchet. Her head rolled and rebounded.

"Such," says Lamartine, in his *History of the Girondins*, where will be found fuller details of the Life and Death of Charlotte Corday, "such was the end of Marat. Such were the life and death of Charlotte Corday. In the presence of murder, history does not dare to glorify; in the presence of heroism, history dares not to wither. The appreciation of such an act places the mind in the formidable alternative of not recognizing virtue or praising assassination. As that painter who, despairing of being able to render the complex expression of a mixed sentiment, cast a veil over the face of his model and left a problem to the spectator, we must cast this mystery to be debated forever in the abyss of the human conscience. There are some things which man does not know how to judge and which mount without mediation and without appeal to the direct tribunal of God. There are some human acts so mingled with weakness and force, with pure intention and culpable means, with error and truth, with murder and martyrdom, that they cannot be glorified by a single word, and one does not know whether to call them criminal or virtuous. The culpable devotion of Charlotte Corday is in the number of those acts which admiration and horror should leave forever in doubt, if the "morale" did not reprove them. As to ourselves, if we had to find for this sublime liberator of our country and this generous murderess of tyranny, a name which should



include at once the enthusiasm of our emotion for her and the severity of our judgment on her act, we should create a word which would unite the two extremes of admiration and horror in the language of men, and we should call her the *angel of assassination*.

The heroism of Charlotte was chanted by Andre Chénier, who was soon to die himself . . . . for liberty. The poetry of all nations possessed itself of the name of Charlotte Corday, to make of it the terror of tyrants. "What tomb is that?" sings the German poet Klopstock. "It is the tomb of Charlotte. Let us go to gather flowers and scatter the leaves over her ashes, for she died for her country. No, no, do not gather anything. Let us go to seek a weeping-willow and let us plant it upon her green sod, for she has died for her country. No, no, do not plant anything, but weep and let your tears be blood, for she has died in vain for her country."

On learning in his prison, the crime, the judgment and the death of Charlotte Corday, Vergniaud exclaimed, "She kills us, but she teaches us how to die."

## MISCELLANY.

### *Danger of permitting the Insane to have their liberty.*

A man by the name of Reed, says the Maysville, Ky. Eagle, and who was known to have paroxysms of insanity, recently killed a child of Mrs. Evans and cut off its head, saying he was commanded so to do by the Almighty. He justified the deed by remarking that he had as good a right as Herod to cut off a head. The unfortunate man is now in the Ohio State Lunatic Asylum, where we saw him a few weeks since.

A correspondent of the Worcester Transcript, writing

from Canaan, N. H. Nov. 23, 1847, gives us the following shocking intelligence :

Some fourteen years ago, a Capt. Elijah Whitter, living at the "Summit," four miles below here, killed a child of his with a gambrel. He was arrested and tried, and finally after a long imprisonment in the Haverhill Jail, was set at liberty, because he, at the time of doing the deed was considered insane.

Last Saturday morning he got up from his breakfast table, went to the door and took another young child of his two and a half years old by the legs and literally beat its brains out against the door stone. He is to be tried for the deed, but will doubtless be acquitted as formerly.

ACQUITTED.—Sarah Morrison was arraigned in our criminal court last Monday, charged with the murder of her step-mother. Our readers will remember the horrid affair—the girl having burned her mother to death, after having first disabled her by a blow on the head with the fire shovel. The girl gave the following account of the transaction ; "You, know, father, you was tired of her and I was tired of her, and I thought I'd put her out of the way. Polly was reading her Bible, and I hit her a lick with the shovel, and she fell down in a fit, and I hit her again and put her into the fire—and we were short of wood and I put old clothes on—and we'll never see old Polly again." She was of course acquitted on the ground of idiocy—the proof on that subject being conclusive. During her imprisonment she was visited by a colored woman whom she persisted in calling her mother, whom she supposed to have been burned black by the process. The girl was remanded for future disposal of the court.—*Pittsburgh Journal*.



## NOTICE.

*Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane.—*

Agreeably to adjournment, the Association of Medical Superintendents of American Institutions for the Insane, will convene at the Astor House in the City of New York, on Monday, the 8th day of May 1848, at 10 o'clock, A. M.

THOMAS S. KIRKBRIDE,

*Secretary.*

We take the liberty of adding to the foregoing advertisement the expression of our hope, that every Institution for the care of the Insane of this country and of the British Provinces, will be represented at the forthcoming meeting.

Agreeably to a resolution passed at the last meeting, every such Institution may be represented, even when there is no regularly appointed superintendent. The Resolution is as follows:

“Resolved, That in future every regularly constituted Institution for the Insane on this continent may have one representative in this Association,—that as heretofore, this shall be the Medical Superintendent where such officer exists, but in those institutions in which there is a different organization, it may be either of the regular medical officers who may find it most convenient to attend.”

The members of the Association we trust, will not forget to comply with the requirements of the other resolutions passed at the last meeting, such as furnishing a view and ground plan of the institutions with which they are connected—a list of the suicides that have occurred in the States in which they reside, pathological observations, &c., as well as Reports on the various subjects assigned to them.

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*The Journal of Insanity.*—This number completes the fourth volume. The delay in issuing it, arose from the absence of the Editor, Dr. Brigham, on a Journey to the South and West. Editorial correspondence intended for this number must be deferred until the next.

We take this occasion, respectfully, but *earnestly* to entreat all those who are indebted for the Journal, to remit what is due without delay.

